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ABSTRACT

The Head Start home-based supervisor provides guidance, support, direction, and continuing staff development opportunities while attempting to maintain and improve quality of services to Head Start children and families. This guide is designed to help the home-based supervisor in carrying out responsibilities while supporting the home visitor, who is key to the implementation of the home-based option. The sections of the guide are: (1) "The Head Start Home-Based Option," including a discussion of the definition of home-based services, the importance of supervision, and highlights of research and evaluation; (2) "Functions and Roles of the Home-Based Supervisor," which discusses the supervisor's leadership responsibilities, including those over home visitors; (3) "Training," covering assessment of training needs, pre-service training, in-service training, and policy group and volunteer training; and (4) "Effective Supervision Strategies," including coverage of management issues, supervision and leadership styles, and communication strategies. Appendices include sample job descriptions, an observation guide, a sample family needs assessment, and other forms. Contains 24 references. (BGC)

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HOME-BASED SUPERVISOR'S GUIDE

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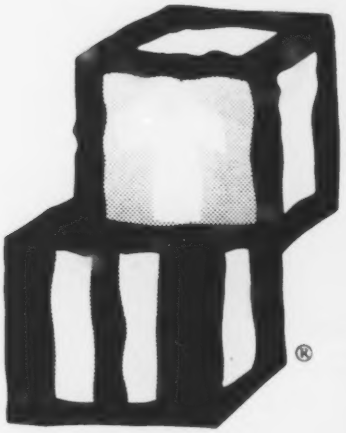

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HOME-BASED SUPERVISOR'S GUIDE

Developed under Contract No. HSB 105-90-1513 by the National Head Start Training and Technical Assistance Resource Center, Research Assessment Management, Inc., 1300 Spring Street, Suite 210, Silver Spring, Maryland 20910.

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I

INTRODUCTION TO GUIDE

The Head Start home-based supervisor has the challenging responsibility of providing guidance, support, direction, and continuing staff development opportunities while striving to maintain and improve the quality of services to Head Start families and children enrolled in the home-based option. The home-based option offers unique opportunities for a richer appreciation of a young child's needs and the means to satisfy those needs within the child's primary environment — the home.

This guide is specifically designed to assist the home-based supervisor in carrying out her or his roles and responsibilities while supporting the home visitor, who is key to the implementation of the home-based option. This guide is one of several resources available to Head Start home-based options that provides essential information, support, and guidance for training.

The home-based supervisor must understand the needs and challenges that the home visitor faces; must have the experience to know when to encourage the home visitor to intervene, if necessary; and must be competent for the home-based option to run smoothly. This guide provides strategies for supporting the home visitor, outlines the roles of the supervisor, and describes the functions of the position. It is not intended, however, to serve as a how-to manual.

The purpose of this guide is to provide guidance and information to those persons designated as supervisor who have responsibilities for the day-to-day supervision of home visitors in a Head Start program. It will also be helpful to those implementing the home-based option to understand how this option fits within the Head Start program.

This guide may be used in the following ways:

- To provide information and guidance to supervisors of the home-based option;
- To enhance understanding of the home-based option by other Head Start staff, such as the director or component staff; and
- To assist those staff responsible for program planning in understanding the home-based option, especially issues related to supervision.

II

THE HEAD START HOME-BASED OPTION

The home-based option is an approved method for the delivery of services to families and children enrolled in the Head Start program. Through the home-based option, families and children receive the same comprehensive services as those participating in the center-based option. Although both options must meet the *Head Start Program Performance Standards*, there is one major difference between them. The Head Start center-based program option focuses on the child in a classroom setting and the home-based option focuses on the family and child in a home setting.

The home visitor, critical to the success of the home-based option, helps parents provide the developmental activities and support services that Head Start children would receive in the center-based option.

The Head Start home-based option affords program staff an opportunity to work with individuals within a family context and in the home environment. This option enables home visitors to learn about the quality of life for families in the community served; to assess family strengths, interests, and needs; and to use this information for developing an individualized program with family members. The home-based option must provide comprehensive services in education/child development, medical and dental health, nutrition, mental health, social services, and parent involvement. Agency component plans address how home visitors will use an integrated approach to provide these services. It is very important that the home visitor and family form a partnership.

A. DEFINITION OF HOME-BASED SERVICES

The intent of the home-based option is to provide comprehensive Head Start services to children and their families, primarily in the child's home, through intensive work with the child's parents and other family members. The parent is the primary factor in the growth and development of the child.

The home-based option services delivery includes:

- Providing one home visit per week per family (a minimum of 32 home visits per year) lasting for a minimum of 1 1/2 hours each.
- Providing, at a minimum, two group socialization activities per month for each child (a minimum of 16 group socialization activities each year).
- Making up any planned home visits or scheduled group socialization activities that were canceled by the grantee or by program staff, when necessary to meet the minimums stated above. Medical or social service appointments may not replace home visits or scheduled group socialization activities.
- Allowing staff sufficient employed time to participate in pre-service training, to plan and set up the option at the start of the year, to close the option at the end of the year, to maintain records, and keep component and activity plans current and relevant. These activities should take place when no home visits or group socialization activities are planned.
- Maintaining an average caseload of 10 to 12 families per home visitor with a maximum of 12 families for any individual home visitor.
- Supervisors should have 10 to 12 home visitors for whom they are responsible.

HOME VISITS

Home visits must be conducted by trained home visitors with the content of the visit jointly planned by the home visitor and the parents. Home visitors must conduct the home visit with the participation of parents. Home visits may not be conducted by the home visitor with only babysitters or other temporary caregivers in attendance.

- The purpose of the home visit is to help parents enhance their parenting skills and assist them in the use of the home as the child's primary learning environment. The home visitor must work with parents to help them provide learning opportunities that further their child's growth and development.
- Home visits must, *over the course of a month*, contain elements of all Head Start program components. The home visitor is the person responsible for introducing, arranging, and/or providing Head Start services to the home-based parents.
- Supervisors and component staff support and assist the home visitor as needed to provide the Head Start services.

GROUP SOCIALIZATION ACTIVITIES

Group socialization activities must be focused on both parents and children. The home visitor may not conduct socialization activities with babysitters or other temporary caregivers. However, extended family members are encouraged to participate.

- The purpose of the socialization activities for the children is to emphasize peer group interaction through age-appropriate activities in a Head Start classroom, community facility, home, or on a field trip. The children are to be supervised by the home visitor with parents observing at times and actively participating at other times.

- These activities must be designed so that parents accompany their children to group socialization activities at least twice each month to observe, to participate as volunteers, or to engage in activities designed specifically for the parents.

- Grantees must follow the nutritional requirements specified in 45 CFR 1304.3-10(b)(1) and provide appropriate snacks and meals to the children during group socialization activities.

ADDITIONAL DEFINITIONS

In addition to the above definitions, an understanding of the following resources will help staff and parents develop a quality home-based program option:

Family Needs Assessment:

The Family Needs Assessment (FNA) is developed by local agencies and is completed for each family by parents and home visitors. The FNA should identify family strengths, interests, and needs in all Head Start component areas. Normally parents and home visitors complete the FNA during the initial home visit and update the document throughout the program year. Updates are based on any new areas the family or home visitor may identify and agree on.

Family Action Plan:

The Family Action Plan (FAP) is developed by local agencies and is completed by the family and the home visitor. In this document the home visitor and parents discuss information from the Family Needs Assessments as well as screening and assessment from other component areas. Often the home visitor will also use information based on her/his observations or will help the family see connections between information from the various assessments; e.g., the need for dental services and the nutritional screening information. To develop the plan, the home visitor and the parents discuss overall needs and plan goals and objectives for the enrolled Head Start child as well as other family members. The FAP is developed early in the program year, but only after the family and the home visitor have had a chance to complete assessments. The plan is used as a guide for planning visits and is updated as needed throughout the program year.

Home Visit Weekly Plan:

The Home Visit Weekly Plan is designed at the local level and used by parents and home visitors to identify specific activities in which individuals will engage during and in between home visits. This plan is based on the goals and objectives of the FAP and includes information on the child's developmental profile and other information about the child and family members' strengths, interests, and needs. The Home Visit Weekly Plan is normally completed by parents and home visitors at the conclusion of each home visit to prepare for the upcoming week.

B. DEFINITION OF SUPERVISION IN THE HEAD START HOME-BASED OPTION

In the home-based program option, supervision can be defined as a relationship with another person which encourages professional growth. Supervision can also be defined as organized support to help improve performance. It is the mechanism that puts all the pieces together and ensures that everything runs well. A supervisor provides support, direction, positive reinforcement, and assistance. The supervisor should be available for the home visitor.

Many principles of effective supervision are the same regardless of the situation. However, the unique nature of the home-based option underlines the importance of supervision and has special implications where supervision is concerned. Activities included in the role of a home-based supervisor are leading, planning, implementing, administering, supervising staff, training parents and staff, and evaluating. These activities will be treated in detail later in this guide.

There are many activities that occur under the name of supervision, all of which should foster professional growth and improve performance. In order to realize these results, there must be a commonly held positive attitude toward supervision, and it is equally important that this common philosophy of supervision be shared by both supervisors and the people they supervise. When supervision is conducted in a positive or supportive manner, it promotes staff development and program quality. When supervision is carried out in a negative, controlling, or punitive manner, program quality as well as staff morale are adversely affected.

C. IMPORTANCE OF SUPERVISION

One of the most important factors in the overall development and operation of an effective home-based option is supervision. No other factor is more critical at the beginning stages of operation as the consistency and quality of supervision of home-based staff. (See Appendix A, *Sample Job Description -Home-Based Supervisor.*)

It is important to remember that for most home visitors, home visiting will be a new role for which they may have had little initial training or experience. This fact, in addition to the nature of the home-based option, emphasizes the importance of supervision and leadership.

Adequate supervision is necessary for direction and training. Supervision provides support through positive reinforcement, training, feedback, new information, and evaluation. In addition, supervision encourages self-evaluation and professional growth.

As the definition implies, supervision is necessary to ensure that everything runs well, goals are met, and families receive the services the option is designed to deliver. Supervisors play a critical role in ensuring that the philosophy of the home-based option is consistent for all home visitors, program staff, and families.

D. UNIQUE SUPERVISION NEEDS AND ISSUES IN THE HOME-BASED OPTION

The delivery of Head Start services in the home environment is very different from the delivery of services in a classroom setting. Major differences are that the home becomes the primary learning center and the parent becomes the primary facilitator of learning. In the center, the focus is on the child in the classroom. The role of the home visitor is to facilitate and support the parent as the most important influence on the child's education and development.

Inherent in these differences are unique issues which supervision must address. These include:

- Home visitors spend much of their time working in the field and often feel isolated and deprived of the support and camaraderie which center-based staff may enjoy. Supervisors must work to provide these missing elements or ensure that other members of the staff provide them.

- As a result of the frequent contact with families and the relationships that develop, home visitors may become deeply involved with families. This involvement can produce stress and symptoms of burnout. Supervisors must make many forms of support available so that home visitors know how and when to make referrals and provide appropriate services to families to avoid stress and burnout.

- Supervisors need to make sure home visitors are able to provide the necessary services and support to families without making them dependent upon the home visitor or the Head Start program.

- Supervisors must know the territory in which the home visitors work. They must be aware of the safety issues, weather, and community problems which will impact on staff they supervise. Supervisors should work with community agencies such as police or sheriff's departments to plan safety and emergency training for staff.

Supervisors must be able to discuss with individual families safety issues that could come up.

- Training is an important issue. Skills needed to work with families, especially adults, require specific training. Supervisors must make sure that each home visitor receives the necessary training in the specific skills that are required for effective home visiting. Often those recruited for home visitor positions have not had the experience nor training to work with adults in a home environment. They may have been reassigned from a center-based option and their training, therefore, will have a different focus. (See Chapter IV, Training.)

- Grantees that implement the center-based and the home-based option must have strong leadership and supervision skills so that persons working in both options understand and appreciate the other's differences and similarities and how both options fit within the Head Start philosophy and guidelines. The supervisor needs to make sure accurate information is available and understood by all.

- Supervision of home-based staff is difficult because of the very nature of the option. Supervisors must make sure that staff at all levels understand and appreciate the uniqueness of the option.

E. RATIO OF SUPERVISORS TO HOME VISITORS

Supervision of home visitors is a challenging and important task. The recommended ratio of supervisors to home visitors is 1 to 10-12. This ratio is based on the supervisor's full-time participation in the home-based program. The number of home visitors that can be adequately supervised by a supervisor depends to a certain extent on the amount of experience of the home visitor with newer home visitors needing more supervision.

F. ESSENTIAL DOCUMENTS

In addition to the requirements of the *Head Start Program Performance Standards*, the following materials, published by the Head Start Bureau, provide specific information for implementing the home-based option:

- *The Head Start Home Visitor Handbook*
- *A Guide for Operating the Head Start Home-Based Program Option*
- *A Guide for Education Coordinators in Head Start*
- "Partnership with Parents" video and "User's Guide for a Partnership with Parents"
- "Head Start at Home" orientation video

G. RESEARCH AND EVALUATION HIGHLIGHTS

Research has shown the importance of family and parental involvement in the positive development of children. Research also substantiates the effectiveness of home visiting programs. The following statements highlight some of these research findings:

- Parent-child options benefit the target child and younger siblings.
- Parent-child options result in substantial gains in IQ which are still evident three to four years after termination of the program.
- Weekly home visits focusing on the parent have as much impact on a preschool child as attending a Head Start center every day.
- Parents show significant gains in quality and quantity of parent-child interactions, teaching skills, use of educational materials in the home, and community involvement.

III

FUNCTIONS AND ROLES OF THE HOME-BASED SUPERVISOR

The home-based supervisor has multiple functions and roles within the Head Start program. Many factors influence these functions and roles. These factors will need to be considered in planning a new program or in strengthening an existing one to make sure that the job description for the home-based option is clear and addresses the needs of the program. These factors are:

- The number of home visitors to be supervised and the location of these home visitors;
- The management structure of the program;
- Availability and skill levels of other component staff;
- The kinds of services and supports available from other community agencies and the familiarity of these agencies with the home-based option; and
- The supervisor's background, experience, and skills.

Factors to be considered in determining the supervisor's responsibilities are the size and structure of the program, the availability and skill level of local staff, the quality of support of area service agencies, and the supervisor's own background and qualifications.

Grantees contemplating a new option or evaluating an existing one should consider all the functions and roles as necessary in the implementation of a strong Head Start home-based option.

A. LEADERSHIP RESPONSIBILITIES WITHIN THE HOME-BASED OPTION

Each home-based option is part of an overall Head Start grantee program. Although there are some grantees in which all of the services are delivered through the home-based option, many programs implement both center-based and home-based options. Often the center-based option is larger and has been in existence for a longer time. Because the home-based option is frequently not as visible, the supervisor has an important leadership role to play in ensuring that services are well integrated and well represented within the total program. Often the home-based supervisor is the holder of the home-based culture and philosophy in the program and is the in-house home-based option expert.

Sometimes a program will have both a home-based coordinator and a home-based supervisor so that coordination, planning functions, and direct supervision responsibilities with the home visitors are divided. However, when there is no home-based coordinator, the home-based supervisor will need to work more closely and more frequently with other staff to ensure that the home-based point of view is represented.

The following are major areas of leadership responsibility:

- PROGRAM PLANNING
- BUDGET INPUT
- STAFF SELECTION AND ORIENTATION
- TRAINING
- COORDINATION OF SERVICES
- FACILITATING PROGRAM ACTIVITIES
- RECRUITMENT STRATEGIES
- AREAS OF CONCERN
- POLICY COUNCIL INVOLVEMENT
- SPECIAL APPROACHES

1. Program Planning and Home-Based Advocacy

The supervisor is a representative of and advocate for the home-based needs and philosophy. The supervisor needs to avoid isolation and be involved with the overall program management team. The supervisor should be involved in overall agency program development, planning, and review of materials to ensure that the home-based point of view is represented and understood. For example:

- *Do program materials such as brochures, parent education materials, handbooks, etc., explain both options accurately?*
- *Are there specific materials, policies, and procedures for such things as missed visits, socialization, parent/home visitor agreements, cancellations, or managing discipline issues on home visits?*
- *Do component, budget, and training plans address the needs and operations of the home-based option in specific and clear ways?*
- *Are resources allocated fairly?*
- *Are component coordinators and other staff involved in providing training and direct services to the home-based option in an active manner?*
- *Do training sessions address the needs of both center- and home-based staff?*
- *Are home-based parents adequately represented on the Policy Council?*

- *Are home-based staff recognized for their special skills in working with families?*
- *Are these skills utilized in the rest of the program?*
- *Are home-based program activities clearly and accurately reflected in the grantee's component plans?*
- *Are home-based option activities listed on master calendars and other program materials?*

2. Budget Input

The home-based supervisor also needs to serve as an advocate and watchdog for the budget. Some unique areas of a budget for the home-based option include mileage costs, training, resource materials, office furnishings, supplies, and food costs. Home visitors do not need the extensive teaching materials that classrooms need since they are working with materials already in the home. But they will need extra resources for supporting home learning. Supervisory needs and costs also need to be considered.

3. Involvement in Staff Selection and Orientation

Proper staff selection and recruitment is important to an effective home-based option. The supervisor should assist the committee in hiring staff by making sure that the selection criteria, job description, and interview questions are those which will help select the most effective home visitors. (See Appendix B, *Job Description - Home Visitor*, and Appendix C, *Home Visitor Interview Format*.)

4. Overall Program Training

Another aspect of the leadership role of the supervisor is to ensure that all home-based staff receive a thorough training and orientation of the home-based philosophy and operation. (See Chapter IV, Training.)

5. Coordination of Services and Requirements from all Components

To represent the home-based needs and philosophy effectively, the supervisor should meet with other supervisors and component coordinators about the issues and concerns regarding the home-based option. Clarification of guidelines and performance standards for the home-based option may be needed to make sure that the option is operating in an optimal manner.

The important aspect of this issue of home-based representation is that the home-based option must not be isolated. It must be integrated into the program as a whole. This enriches the entire program.

6. Involvement with Other Component Staff in Training, Consulting, Providing Resources, and Facilitating Program Activities

In many programs, the home-based option is already well integrated and there are established channels to make sure that the option is understood and managed. In some programs where this understanding is not as strong, the home-based supervisor may need to be more assertive in order to set up regular consultation and involvement with other coordinators.

Home-based staff may have skills in working with parents. This expertise can be used to train new teachers or enrich the work of supervisors who are developing new approaches to family programs. Center-based teachers may be a resource for home visitors who are developing effective group socializations, even when the activities are not conducted in a Head Start classroom.

During the home-based assessment process, home visitors will benefit from meeting with component coordinators. Coordinators must allocate adequate time for home-based staff. In certain cases, consultants or community resources will need to be integrated in order to supplement the support needs of home visitors if coordinators do not have the time.

As these channels of involvement and communication are developed, it is important that they be written into the operational plans and procedure manuals to ensure that they become a part of overall program operations.

7. Effective Family Recruitment Strategies

All staff who help recruit families must have an adequate understanding of the Head Start program options so that they can explain each one fairly and accurately. Recruitment materials and approaches should be set up so that the home and center options are presented as different but equally important ways of delivering Head Start services. The home-based supervisor should be sure of the ability of the recruitment staff to accurately describe both program options in enthusiastic and positive ways. Recruitment role-playing is often used to provide skill training for staff recruiters as well as to monitor their understanding of the option.

Recruiters should be clear on the criteria for the final eligibility of families and family choice for each option.

Questions to be considered are:

- *Can the staff explain both options clearly?*
- *Are explanations free of bias towards one option or another?*
- *Can the staff respond to questions in a positive, non-defensive manner?*

8. Identifying Areas of Concern in Coordination and Possible Corrective Strategies

Following are a number of frequently observed problem areas in managing the Head Start home-based option:

OBSERVATION: Lack of consideration for the needs of home-based staff in information collection, assessment, and use of materials designed primarily for center-based options.

Corrective Strategies: Coordinators should discuss any needs for child and family information collection with the home-based supervisor well in advance. The impact on home visits should be considered, and supervisors should be closely involved in the planning and selection of materials, such as questionnaires. Supervisors should also be familiar with guidance and performance standards so that they can indicate situations in which performance standards can be met in a variety of ways.

OBSERVATION: Home visitors who get directives, data requirements, etc., from other program staff.

Corrective Strategies: Supervisors must meet with other component staff as needed to discuss requirements rather than having coordinators directly relay information to home visitors. Home visitors can often get fragmented information if too many people give them directives. This approach also prevents duplication of services or of documentation.

OBSERVATION: Isolation of the home-based option.

Corrective Strategies: The supervisor should plan opportunities for staff from different options to interact around common tasks in training sessions and during socialization activities.

OBSERVATION: Feelings of resentment between home-based and center-based staff. For example, sharing a classroom can be a problem area.

Corrective Strategies: Plan meetings where home-based and center-based staff can meet and discuss feelings and problems openly. Inequities in salary should be reviewed and corrected. Career development plans should address the needs of home visitors to advance their training and career potential in the same way as center-based staff.

9. Policy Council Involvement

The home-based supervisor needs to ensure that home-based parents are adequately represented on the Policy Council. The representation should be proportional to the number of children served in each option. For example, in a program where there are 200 home-based children and 100 center-based children, the Policy Council would be made up of two-thirds home-based parent representatives and one-third center-based parent representatives.

For many parents, as well as professionals, center-based programming is the expected delivery for Head Start. Because of this, the home-based supervisor should work closely with the Policy Council to assure that the Council has a good working knowledge of the home-based option. Parents and community members on the Policy Council need this kind of guidance so that the unique needs of the home-based option are considered when making decisions. Supervisor involvement is also important in supporting the Head Start home-based parents on the Policy Council.

10. Special Approaches for Supervisors of Both Home and Center Staff

Frequently, supervisors will have responsibilities in both the home-based and center-based operations. In this instance, supervisors must schedule their time carefully so that there is adequate time for each option. If insufficient time is allotted, concerns should be discussed with management and other planning groups.

To determine if the time is adequate, the supervisor should consult the supervision requirements in this manual and also refer to *A Guide for Education Coordinators in Head Start*. If a supervisor is working in both options, it is important to have adequate training or experience in each option.

B. DIRECT RESPONSIBILITY WITH HOME VISITORS

The home-based supervisor must work closely with home visitors. Areas of responsibility include:

- **Training**
- **Support**
- **Logistics**
- **Feedback**
- **Documentation**
- **Evaluation**
- **Problems**

1. Training of Home Visitors

Identification of training needs for new and continuing staff is a primary responsibility. (See Chapter IV, Training.) Assessment is done through interviews with new staff, observation of regular visits and socialization groups, and needs as perceived by the home visitors themselves. When Child Development Associate (CDA) training is involved, it may also provide valuable information about staff strengths and needs.

Activities in pre-service and in-service training are important for the supervisor. Taking the time to conduct adequate orientation and training for new staff is critical in the home-based option. New staff should start work at least two to three weeks before the actual direct services begin.

Creating an atmosphere in which staff feel comfortable talking about training needs is important. Supervisors can create this atmosphere by raising questions such as:

- *What do you feel you do best and could share with another staff person?*
- *What is the hardest part of your job?*
- *Which situations have puzzled you during a home visit?*

2. Support

Home visitors need ongoing support from their supervisor and from individual and group sessions. Support is essential since the job of the home visitor is often isolated and difficult. The situations faced are often complex and unpredictable and can change rapidly. Support encompasses several aspects — recognition, encouragement, problem solving, resources, boundaries, and cultural sensitivity.

Recognition: The home visitor's work usually requires facing some difficult situations.

For example, a home visitor who is helping a family with a job loss must face the despair of the family, her/his own worries about job loss and security, as well as how to properly support the family while keeping the focus on the needs of the children. The supervisor's role is to recognize the complexity of the situation and help by discussing the approach that the home visitor takes.

Encouragement: The home visitor's work is very demanding and she or he may become discouraged. As a result, it is important that the home visitor be encouraged in all endeavors, whether there are positive results or not. It is often difficult to see changes from the home visitor's efforts until weeks, months, or perhaps years later. A home visitor who receives support and encouragement in turn offers support and encouragement to the families.

Problem Solving: Supervisors may provide support by modeling problem solving approaches.

For example, at times it is more supportive to use a problem-solving approach such as the brainstorming of possible solutions rather than telling a home visitor directly what to do. Try asking, "Tell me more about what you think is going on? Have you tried pulling the grandmother into the conversation?" (In group situations it is helpful to have other home visitors also offer solutions.)

Resources: Resources can include anything from the name of the key intake person at the homeless shelter to the name of the volunteer group that provides free magic shows for children's groups. A resource can be a picture book about divorce or a no-fail recipe for play dough. Home visitors need special resources and referrals for the variety of situations they will have to address with families.

Gathering and maintaining resources and contacts at key agencies is an important part of the supervisor's role. It is important that home-based supervisors work with coordinators from all components to avoid duplication of effort. Providing resources for home visitors is a process which involves talking about needs, identifying resources, and discussing how follow-up can occur.

As home visitors' skills increase, their own resources and knowledge of appropriate resources increases. Sharing resources during one-on-one staff time and group time will further develop knowledge and skill. Programs may want to develop a central file or computerized system for resources and names of key people. However, all home visitors should be encouraged to develop their own personal workable systems for their own resources.

Boundaries: Supervision is often necessary to help home visitors see the parameters, or boundaries, of their roles. Even skilled home visitors will occasionally need this help.

For example, home visitors may overdo their roles with families in crisis and without realizing it create dependencies that are unhealthy for the families. These kinds of situations are very complex and there are no standard rules on how to handle them. However, discussion and review of past experiences with families are used to help the home visitors see the boundaries in order to be effective. The supervisor must stay aware of when home visitors create boundaries that are too rigid to accommodate unusual or dynamic family situations.

Cultural Sensitivity: Home visitors often work with families whose culture or values may be different from their own. Often the supervisor will need to help the home visitor think about her/his role as a respectful facilitator within the home setting and help the home visitor discuss issues that may be perplexing or confusing. Discussion of the home visitor's own culture and values as well as cultural backgrounds about other staff and families is an important part of supervision and training.

3. Logistics of Providing Support Activities

a. Individual and Group Meetings

The supervisor will have many chances to provide or arrange support during individual contacts, such as during staff meetings, planning meetings, feedback sessions, and before and after home visits. Adequate time should be regularly scheduled for these meetings so that in-depth discussions can be held. Home visitors benefit from group meetings in which they share successes and problems, plan activities, problem solve together, and present new approaches and resources.

It is essential that the supervisor have regular consultation times. The supervisor should be available by phone or in person for at least one hour each day to talk to staff. For example, a supervisor might make the time from 8:30 to 9:30 or 3:30 to 4:30 available several days a week. It is important that no other meetings be scheduled during this time and that all staff know that this time is available for consultation.

b. Develop Strong Support Networks

Other grantees implementing the home-based option are valuable sources of support and information. Check with the Head Start director, your Head Start training and technical assistance provider, or regional office, for grantees providing services in your area. Request training across agencies that can provide a chance to strengthen supervision skills as well as meet with other supervisors. (See Chapter V, Section D, on Sources of Support for the Home-Based Supervisor.)

c. Secrets of Success for the Home-Based Option Supervisor

(1) **Believing in the Option.** Supervisors should take time to renew and refresh themselves with knowledge of home-based research, visit neighboring programs, and familiarize themselves with Head Start materials, especially those related to home-based services. After reading the materials, supervisors should ask themselves if they believe in the option.

(2) **Modeling Positive Approaches.** There will always be more work than can be done. Supervisors should learn to plan carefully, set priorities, and work smart. These approaches will model good work practices for staff.

(3) Asking for Help. Supervisors need someone to consult with about their work responsibilities. This may be someone within the overall Head Start program or an outside resource who is familiar with home-based services.

(4) Keeping the Right Perspective. The home-based option works, but results may take time and positive results may not always be immediately obvious. Supervisors should help home visitors see that this is not a short-range process and that their efforts will pay off in the long run.

(5) Conducting Effective Meetings. One of the most demanding things for a supervisor to do is to make meetings and training sessions useful and supportive for staff. Following are some points to consider in designing a successful meeting:

- Have an agenda. If it is a staff meeting with announcements and information, the agenda should be sent out early. Staff can read the announcements ahead of time so that they have a chance to think about questions. If necessary, agendas can be handwritten to save time. There should be time for discussions and open-ended problem solving. Even an agenda for one-on-one meetings is useful.

- Efficient meetings should include limiting wandering discussions, re-focusing on the topic, keeping notes, and using questions to make sure everyone stays involved. Sometimes it helps if tasks such as note taking and time keeping are delegated.

- The group leader in a meeting should:

    - Encourage participation and explain what is to be achieved in the group process.
    - Bring up and clarify important information.
    - Remind staff of guidelines, timelines, etc.
    - Encourage expressions of feelings and resentments.
    - Recognize tensions between group members and deal with them.
    - Keep communication lines open.
    - Summarize what happened in the meeting with followup minutes.
    - Evaluate how the meeting proceeded, how the group worked together, what was accomplished, etc.

4. Supervision and Feedback

Supervision is an ongoing process. Since the terms "supervision" and "evaluation" are sometimes used in similar ways, it is important to distinguish between the ongoing process of supervision and the once-a-year, formal, written evaluation. Both are important.

Supervision is continuous throughout the year and incorporates adequate feedback and support. To meet Head Start performance requirements, supervisors should make a minimum of ***three* home observational visits with each home visitor during the course of the year**. Three visits are a baseline, with more visits needed when staff is new and being trained, when the home visitor is having performance problems, or when there is a particularly difficult situation in a family.

In order to supervise a home-based option effectively, it is necessary for the supervisor to review written plans and home contact records on a regular basis and to accompany home visitors on home visits. Care should be taken to inform parents about supervisor visits in parent orientations and on first visits so that supervised visits will be seen as part of normal program operations.

a. Home Visit Observation and Feedback Guidelines

(1) The supervisor checks with the home visitor and together they decide which families to visit. Discussion between the supervisor and the home visitor about areas of concern, either in the home visitor's approach with the family or in the family needs assessment, help make this determination. The family's approval is obtained before the visit.

(2) The supervisor reviews assessment materials such as the Family Needs Assessment and other screening and assessments and the Family Action Plans, and notes areas of concern.

(3) The home visit is observed. The supervisor uses a simple check sheet to note program requirements and expectations about a home visit. (See Appendix D, *Home Visit Observation Guide*.) While observing, the supervisor should look for home visit content and approaches which are related to the areas of assessed need for the child and family. The content of visits should come from these assessments.

Some questions to ask while observing are:

- *Is assessment of all Head Start component areas done with input from the family and consultation with appropriate staff?*

- *Are Family Action Plans (see Appendix G for a sample form) developed from all assessments and discussions with the family about their needs and concerns?*
- *Do home visit plans (contact sheets) reflect assessments and Family Action Plans?*
- *Are updates of Family Action Plans based on what happens during visits and on ongoing assessment?*
- *Does the home visitor adjust plans to accommodate a special event or family need? Are these changes noted?*

(4) The supervisor meets with the home visitor to discuss the visit. A written summary, with feedback and suggestions, is provided by the supervisor to the home visitor after each observed visit.

b. Parent and Child Group Activities Guidelines

Supervision of group activities for parents and children are an important part of a supervisor's role. This role involves:

- Planning the socialization activity with the home visitor.
- Promoting the home visitor's efforts to involve parents in group socializations.
- Observing or participating in the activity.
- Taking responsibility for ensuring that the facilities and setup are safe.
- Evaluating how it went and what is needed for improvement.

Programs have a great deal of flexibility in how the group socializations are arranged. Some may want to plan groups at homes, local parks, churches, community centers, or regular classrooms. Field trips can be excellent group socialization experiences.

However, the following basic principles apply to all group socializations:

- The purposes of the group socialization activity are for the children to learn to get along in groups and for the parents to be able to observe other children and network with each other.

- Home visitors who have educational backgrounds may find the group experience unlike regular classroom experience. Generally, it is advisable to plan activities that are open-ended and that promote cooperation and socialization, such as playing with blocks, water play, outdoor play, and dramatic play. Home visitors who have no experience teaching young children may need special assistance from the supervisor in learning how to run a group, plan group activities, and handle groups of young children. (See Appendix E, *Home-Based Group Socialization Checklist*, for more specifics.)

- Safety rules for group socialization and field trips must be followed carefully. The supervisor should be sure that all facilities and equipment are safe. If not, the supervisor should work with staff to remedy the situations. Check local program requirements.

- The roles of the parents during child socialization experiences need to be carefully planned. There are many possibilities for group activities and the parents need to be involved in the planning. Some parents may want to plan and run a group activity as part of the socialization, such as making snacks or play dough. Some parents may want to be involved with a group of children and others may want to meet with the parents for activities such as parent support groups. The home visitor should plan with the parent, discussing possibilities and preferences. The home visitor should be encouraged to plan with the parent and help the parent think through what is needed for the activity.

- Siblings are a special challenge for the home-based option during socialization. Since the emphasis is family focused, the home visitor should make a special effort to accommodate all family members. However, the home visitor should use individual judgment and consider available resources and space. The safety, health, and goals of the group need to be considered.

c. Family Assessment and Planning Guidelines

Assessment and planning materials, such as the Family Needs Assessment, Family Action Plan, and home visit planning forms, comprise the operational framework for the home-based option. These materials must reflect a family-focused approach to Head Start services in all component areas. Often it will be necessary for the supervisor to work with the different component coordinators to develop appropriate assessment materials. It is important that the assessment materials be geared for a home rather than a center approach.

The materials must be as user friendly as possible since the home visitors work closely with the parents when using them. Materials should be available in other languages when the parents are non-English speaking. (Sample materials are included in Appendices F, G, and H. Staff can also network with other home-based options to obtain other materials or materials in other languages.)

Assessments in all areas of health, nutrition, social services, parent involvement, and education must be completed with the family. The assessments are then discussed and an overall Family Action Plan is developed with the family. Individualized home visit plans are then developed from this plan and documented on the home contact form.

Minimal elements of the home-based assessment and planning process include:

Assessments + Parent Concerns and Interests + Program Guidelines and Staff Observations = FAMILY ACTION PLANS

(1) **The Assessment and Planning Process.** Parent involvement is the key in this area and the supervisor must make sure home visitors ask questions of the parents in skillful ways in order to get useful information. Open-ended questions and observations are useful.

The supervisor should make sure that the home visitor carefully assesses any parent interests and needs that relate to program goals and that they are priorities in the family/child action plans. These needs are sometimes different than what the home visitor might assess. For example, a parent might identify knowing the alphabet as a first goal for a child. The supervisor must make sure the home visitor can take this goal and expand the idea into a broader view of academic success that includes aspects the parent may not have considered, such as overall language development, good self-esteem, curiosity, and problem solving skills.

Often the assessments reveal complicated situations. It is important that the supervisor work with component coordinators to schedule staffing so home visitors can get help in locating resources and developing approaches to working with families and children.

(2) **Changing Needs.** The weekly home visit plan must reflect the assessed needs of the family and child. These needs are likely to change as the family begins to work more confidently with the home visitor. All home visit plan forms should contain a section for documenting new information, particularly if that information might change the content of the home visits. For example, if a parent gets into a job training program the focus of the visits might switch to day care issues.

The supervisor must review the assessment materials, the family child action plan, and the weekly home contact forms regularly in order to be able to tell if the home visitor is adequately addressing the requirement for individualized approaches.

Home visit content, as well as delivery of the content, should vary from family to family. In all cases, content must be based on assessed needs and planned with the parents. Home visitors will need to introduce content areas to meet performance standards. These areas should be linked to family needs.

(3) Component Integration. All Head Start component areas must be included in the home-based option in a manner that is based on individual family needs. Each component is not necessarily covered on each visit, but over a period of a month each component area should be included in a way that is useful to the family and related to the family's interests and concerns. Supervisors should avoid approaches which require that a home visit cover all component areas during one visit. This could lead to an overwhelming amount of work and result in a failure to work with the parent in an in-depth way.

There are also program performance standards and local goals which mandate that certain areas be included. For example, in the area of health, teaching about positive health habits and dental care is a requirement. However, local Head Start programs might have well-developed dental health prevention programs which include things such as fluoride treatments and teaching of proper toothbrushing techniques. These program activities can and should be integrated into ongoing home visits in a carefully planned and coordinated manner.

In some families certain components are handled by reinforcing and expanding what the family is already doing, while in other families a focus will be on one particular area of concern. For example, in a family where there are good nutrition practices, the home visitor might work with the parents to locate more economical sources of food. In a family where the children are underweight and the meals are inadequate, a different and more intensive approach is needed. The degree and frequency to which any component is addressed depends on the needs of the family.

Component integration happens in planned activities as well as in incidental ways. For example, a planned excursion to the library could integrate both awareness of community resources (social services), language development (education), and working with the parent to involve a child in the selection of books (parental involvement). During this same activity, the home visitor might incidentally show the parent some positive ways to manage the children on the bus (mental health) and point out the schedule of the local immunization clinic posted in the library (health). This mix of planned and incidental component integration should be observable to the supervisor or other observers.

The supervisor helps home visitors individualize and integrate components into the home visits and socializations in several ways. First, the supervisor helps the home visitor develop skills so that ongoing needs assessment and planning which integrate component areas are done with the families. The supervisor also assists the home visitor by discussing family needs and strategies for addressing these areas. In doing this, the supervisor helps the home visitor see how needs and concerns are related to each other.

The supervisor also works with the home visitor to build integrated approaches which cut across component lines. For example, in a family where the children have serious dental problems, the home visitor might integrate nutrition and dental health activities into a game which also develops categorization or matching skills. These activities should be continued on subsequent visits.

The supervisor monitors component integration by reviewing assessment and planning materials to make sure that the content of the plans and visits includes an assessment of family needs and areas of special interest. Also, when the supervisor accompanies the home visitor on visits, areas of special interest should be identified where component content might be reinforced or strengthened.

The supervisor has an important role to play in working with other component staff to ensure that resources and training are used to address the needs of the home-based staff and families.

Supervisors need to guarantee that home visitors have the same knowledge about component content as center teachers. Home visitors also need very specific skills on how to work with parents to integrate component content in the home. Additionally, component staff conducting training must understand that home visitors need to know how to work with parents around home learning environments, how to develop materials with families, and how to use community resources.

(4) Observing Assessment Activities. During home visits, it is important that the supervisor notice how the home visitor carries out the assessment and planning processes, as well as implementation. Some questions to be asked are:

- *How is the original plan used?*
- *How is a home contact form used as a tool to facilitate the parent's involvement and learning?*
- *Are questions used tactfully to find out all the needs in an in-depth way?*

(5) Assessment Material. Home visitors should know how to use program forms with the parents. The forms need to be checked to see if they are being used to plan meaningful home visits. If the forms are not being used correctly, they should be reviewed with staff, considering the overall philosophy and goal of parent partnerships. The forms should then be redesigned as needed, considering additional staff training and parental input.

Forms need to be monitored to make sure they are completed on an ongoing, timely basis. Home visitors often dislike record keeping and feel that it takes away from their time with families. However, they need to understand the critical nature of records and the importance of completing the forms as thoroughly and as accurately as possible.

Records are necessary to verify that services were provided, that the center is complying with Head Start guidelines, and that they are effective.

(6) Parent Involvement in Planning. Home visitors should be trained to complete home visit forms with the families on visits. This assures that the families are involved in the planning for the following week. Parents should be left with a copy of each plan.

Whenever possible, the plans should be written by the parents. This should be viewed as a developmental process with parents gaining confidence and skills at their own pace. Many parents are reluctant to do this level of planning in the beginning. Some less complex and less detailed techniques to encourage parent involvement are:

- Initially offering two choices of activities and assuring parents that, since they know their child, they would know what activities might be preferred.
- Brainstorming with parents to arrive at additional ideas to choose from.
- Encouraging parents to talk about what their child has enjoyed in the past, then building from this.
- Using assessment results to help parents focus on activities to plan.
- Having parents give feedback on activities.
- Commenting on parent successes.

(7) Evaluating With Parents. Home visitors should use the Family Action Plan (FAP) to encourage discussion with parents about things that have gone on during the program year and steps that have been taken by the family. These discussions are a valuable way for the home visitor to recognize the successes of the family, to plan for future needs, and to discuss the process of working with a Head Start home visitor with the family.

(8) **Record Storage.** All confidential materials should be stored in locked files in the office. Files should never be left in cars. If files or assessment materials are needed on visits, the home visitors should keep the documents with them.

5. Other Documentation

The supervisor should work closely with the other component coordinators to make all necessary documentation in the files. For each family there should be a log sheet in the file to record phone calls, agency contacts and other contacts, referrals, and followups.

The gathering of enrollment information, documenting of income, and other requirements, should be planned carefully with other component coordinators to avoid unnecessary record keeping.

6. Carrying Out the Personnel Evaluation

In addition to ongoing supervision and feedback, an annual performance and review evaluation is completed by the supervisor and the home visitor. Usually this occurs once a year, but local personnel practices should be consulted for specifics in this area. Some basics of evaluation are:

a. The supervisor reviews notes from home visits, gets feedback from observing group socializations, and talks with parents.

b. The home visitor fills out a self-evaluation. (This form should be very specific about the performance expectations and job duties for the home visitor. See Appendix I, *Home Visitor Self Evaluation/Personnel Evaluation.*)

c. The supervisor fills out an evaluation on the home visitor using the same evaluation form. (Appendix I, *Home Visitor Self Evaluation/Personnel Evaluation.*)

d. The supervisor and home visitor compare their evaluations and negotiate individual goals for the next year, including any necessary corrective steps. The planning should include any specific help that the supervisor or other staff will provide. The evaluation forms and agreed upon goals should be signed and reviewed regularly.

e. Use formal evaluation strategies. Because the supervisor works closely with the home visitor, formal evaluation is often difficult. But, a few points to remember are:

- One home visitor should not be compared with another home visitor. Each individual's growth should be considered and how that individual measures up to the requirements of the job. The supervisor should note how the home visitor has changed over time, especially since the last review or progress check.
- Personal bias should be avoided. All areas of performance should be looked at objectively. An area should not be skipped over because of difficulties with the home visitor or because the home visitor seems competent. Excellence or performance in one area should not be assumed to spill over to another.
- Personal worries, needs, and tendencies must not come into the evaluation. Supervisors might sometimes rate higher if they feel a need for approval from their staff or if they are worried that an objective evaluation might make somebody quit, hurt the home visitor's feelings, or reflect on the performance of the supervisor.

7. Identifying Problems and Implementing Corrective Strategies

The following problems are common in the home-based option. They are generally misunderstood areas that supervisors should monitor closely during ongoing supervision as well as in personnel evaluations. (See Appendix J, *Common Pitfalls of the Home Visitor - An Assessment.*) The problems are also common areas of misunderstanding for other program staff:

a. Focusing on the Child Instead of the Parent-and-Child Relationship

OBSERVATION: Home-based staff directing their energies toward working directly with the child rather than working with the parent and reaching the child through the parent. In observing this the supervisor should note: 1) visits in which the parent seems uninvolved and the home visitor seems over-involved with the child; 2) presentations and discussions which seem to focus most on the child's needs rather than on the parent/child interaction or family's needs; and 3) written work and plans which are focused heavily on academic skills and developmental steps without detailing how the family is involved in these steps.

Corrective Strategies: The philosophy and research basis of the home-based option should be reviewed with staff. Ways in which the parent could be more involved should be brainstormed. Staff should observe a home visitor or review a training video in which the focus is on the child and parent together. Specific suggestions should be provided to the home visitor, such as having the parent give the materials to the child rather than the home visitor. The home visitor could explain the purpose of the activity to the parent and give the parent a specific role in the activity.

b. Over-Involvement with the Adults or Over-Dependency by the Parents

OBSERVATION: Home visits in which the content is mostly crisis oriented. In supervisory sessions, the home visitor may seem overly involved with the family. The supervisor should watch for inappropriate approaches such as providing respite care for the parent, weekend visits, giving out a home phone number, or even home visits that extend beyond the normal time.

Corrective Strategies: This behavior can be modified by validating the home visitor's desire to help, then re-emphasizing the needs and difficulties of working with families with multiple problems. A home visitor may need help establishing boundaries and clarifying involvement with the family. Approaches to making referrals may be needed and should be talked through carefully and written down for reference. It may help to describe concrete strategies on how to plan the visit so there is time to address family issues and include the children in an activity. For example, in the beginning the visitor might say, "Among other things today, I'd like for us to have time for activities with your child and also have a good half hour to talk about your difficulty with the housing authority. Which should we do first?" This provides the parents with an empowering choice and still allows the home visitor to have some control over the agenda.

c. Blaming and Criticizing Parents

OBSERVATION: Showing anger or blame toward parents for failing to do things such as following up on appointments, engaging in activities with the children, limiting their children's TV watching, or leaving an abusive relationship.

Corrective Strategies: First, the home visitor's hard work should be recognized. Support and encouragement should be provided to help the home visitor see recent successes, such as completed immunizations for all children or the parent's improved record of keeping home visit appointments. The home visitor should be helped to understand the situation by being encouraged to talk freely about parents without being criticized or judged. New approaches can be provided for ways to solve problems, and ways to confront and interact. Training should be provided that helps the home visitor recognize the difficulty, complexity, and slowness of family change. This can be done best by having home visitors address how they themselves have grown and changed.

d. Ignoring Other Family Members

OBSERVATION: Home visitors who work exclusively with one parent and not the other.

Corrective Strategies: The home visitor can be helped in acknowledging the other parent by asking of the parent who is present questions such as "What does the child's dad feel about him entering kindergarten?" Home visits can be planned at times when the other adults are available. The supervisors can assist the home visitors plan ways to involve absent adults. (See Appendix L, *Involving the Absent Adult.*).

e. Burnout and Fatigue

OBSERVATION: An upset home visitor who is irritated with staff, angry toward others, and guilty of poor planning, sloppy paperwork, taking lots of work home, or increased absences from work.

Corrective Strategies: The time scheduled for the home visitor's work and the work should match. For example, home visitors who drive very long distances may need smaller caseloads or better arrangement of visits to meet their schedules. They may need help with specific issues or areas. No extra paperwork demands should be put on the home visitor by other components. The supervisor should help the home visitor with structure and boundaries. Is the home visitor taking on too much? Does the home visitor have enough time to meet, provide, and receive support?

The supervisor should review and interview carefully to be sure the home visitors understand the limits of their roles with families.

f. The Transportation Trap

OBSERVATION: Home visitors who consistently use home visit time or personal time to transport parents.

Corrective Strategies: The supervisor should meet with the home visitor to discuss the goal of helping parents become self-sufficient over time. Transportation resources in the community should be explored to make sure transportation alternatives have been examined. The supervisor can brainstorm with the home visitor to come up with other approaches to the problem.

g. The Materials Menace

OBSERVATION: Home visitors carrying large bags or boxes with materials and equipment to home visits.

Corrective Strategies: The supervisor should meet with the home visitor to review goals and the rationale for using the home environment. The supervisor should work with the home visitor to strengthen skills and understanding of the countless learning possibilities that exist in the home and community.

h. The Quick Fix

OBSERVATION: Home visitors who respond to parent concerns with direct advice, who tell rather than listen, and who fail to facilitate problem solving.

Corrective Strategies: Training in problem solving approaches should be provided. The home visitor should see that problem solving with the parent is more empowering and longer lasting than telling or advising.

i. The Power Play

OBSERVATION: Home visitors whose visits seem too rigid and too controlled. They stick to the schedule and while they may solicit parent input, they do little to extend and encourage true parent involvement or parent leadership.

Corrective Strategies: The supervisor should meet with the home visitor to discuss sharing power. The use of specific planning techniques should be encouraged after attitudes about parental empowerment have been discussed.

j. Reluctance to Recognize Problems

OBSERVATION: Home visitors who have difficulty recognizing or addressing obvious problems or difficult family situations, such as a mother's black eye, a broken window, or consistently harsh punishment or discipline of a child.

Corrective Strategies: The supervisor should ask if the home visitor has noticed the issue or situation. Inquiries should be made into why the home visitor was reluctant to bring up the issue. Better ways in which the problems might have been handled should be reviewed. Training on communication techniques should be provided.

k. Termination

OBSERVATION. Home visitors who find it difficult to say good-bye to their families and therefore fail to address the meaning of the program ending to themselves and to the families.

Corrective Strategies. The supervisor should work with the home visitor to plan ways to terminate with each family in a positive way. This will include reviewing with the family the kinds of things that have been done in the year, the family's feelings about these activities, noticing the positive changes the family has adapted, or the positive growth in themselves and their children. It may also mean discussion of more difficult material such as family problems, changes, or issues that arose during the year.

Termination activities should be planned that include transitions such as kindergarten entry, a discussion with the child of the program ending, and some marking of this event with something like taking pictures that can be left with the family. Group events to say good-bye and celebrate the year are also appropriate, but these events must not incorporate individual work with the family about the termination. Supervisors also find it useful to discuss the home visitors feelings about saying good-bye to each family.

C. KEEPING IT ALL TOGETHER

The home-based supervisor is responsible for monitoring the work of all the home visitors. To do this, supervisors need their own systems to track and plan. Appendix K, *Data Tracking System for Supervisors,* is an example of a form which can be used.

D. ADVOCACY WITHIN THE COMMUNITY

The home-based supervisor has powerful information about families and children which can be used when approaching local agencies, planning groups, foundations, and schools, such as there being a need for literacy programs or health materials in other languages. The supervisor should plan effective ways in which this information can be used to advocate for the needs of children and families with the Policy Council and management staff. Some ideas are:

1. Outreach

The supervisor should help make community agencies and leaders aware of the home-based option. Some ways to do this are to attend meetings of interagency groups that deal with children and families and to offer to make presentations to local service clubs that should know about the services and that may be able to help in efforts such as special projects, volunteer recruitment, and funding of special projects.

2. Effective Data Gathering

Local statistics from the home-based program on needs for job training, housing, or supplemental food program use can be useful information to compile to present to other agencies or groups that advocate for families and children.

3. Local Impact and Results

The supervisor should let community agencies and leaders know what has been accomplished within the home-based option on the local level. These categories might include such things as number of parents who have entered school or the job market, families who have arranged for regular preventative health care services, and family members who have received literacy services.

IV

TRAINING

The importance of training for the home-based option cannot be minimized. The success of the option depends on how well the staff is trained. Training is necessary for the self-image, confidence, and competency of the staff. Parents respond better to home visitors who are confident and competent. And for staff, nothing promotes success quite as much as do feelings of ability and competence.

This section provides guidance and outlines training content to be considered when planning and conducting training for home visitors and other program staff.

A. ASSESSMENT OF TRAINING NEEDS

- Training Assessment for Home Visitors
- Training Assessment for Other Program Staff
- Training Assessment for Supervisors of the Home-Based Option

It is important to assess training needs whenever training is planned. In any group of trainees there are varying levels of knowledge, experience, and skills. By assessing training needs, training can be conducted to more closely meet those different needs. The training can be individualized to be more relevant. An effective assessment procedure will help trainers discover areas of need.

Another benefit of conducting a training needs assessment comes at the conclusion of the training. By reviewing the initial needs assessment, trainees and trainers can see how training needs were met and if further training is needed. As training continues, additional needs will evolve and/or surface, thereby creating the need for continual assessment.

Assessment should not only identify training needs, but should identify strengths among the trainees. This information can be used as training is implemented; i.e., more experienced trainees can contribute to the training (role playing, modeling).

1. Training Assessment for Home Visitors

a. Assessment Procedures

Assessment of training needs can take several forms. A simple pencil and paper pretest can be designed. However, care should be taken to administer a pretest in a non-threatening manner.

Another (perhaps more desirable) technique is to put the trainees in small groups and ask: "What do you want/need to learn?" The term for this type of assessment is "training expectations." This small group technique is effective because group dynamics often stimulate more ideas than individual input. Other advantages are that individual shyness and "test anxiety" are less of a factor.

Because communication is so critical to home visitors, it is important to assess their abilities to speak, read, and write clearly. If services are to be delivered in another language, the home visitor must be able to speak, read, and write that language as well as English.

b. Sources of Assessment Information

- **Trainees.** The most important source of information is the group or individual receiving training.

- **Supervisor.** The supervisor should have information on training needs as a result of formal and informal evaluations. Meetings with home visitors, both individually and as a group, will provide insight into these needs. Home visits with home visitors are also valuable sources of information.

- **Staff Self-Evaluation.** All staff should be encouraged to evaluate and assisted in evaluating themselves. Even self-evaluation of established staff can provide further insight into training needs.

- **Records.** By reviewing records (home-contact forms, assessments, and Family Action Plans), training needs can be identified.

- **Component Coordinators.** As a result of interaction with home visitors, coordinators can provide information on training needs, especially in areas of health, social services, and child development. Consequently, coordinators also need training in the home-based option. An assessment of training needs should be conducted when planning training for them. (See coordinator training under E of this section.)

- **Program Goals.** The purpose of all training is to assist staff in the accomplishment of the goals and objectives of the program. Goals and objectives should serve as a basis for assessing training needs. As goals and objectives are examined, it can be determined what training is needed in order to meet them.

- **Local Issues.** Each area has unique characteristics which need to be addressed in training. Some examples of local issues are a distinct ethnic population, drug abuse, or isolation.

2. Training Assessment for Other Program Staff

Other program staff will be more positive toward receiving training if they can express their own needs. One way to assess needs is by examining staff's knowledge of the goals and objectives of the home-based option.

Assessment information can also be obtained in a formal (with paper and pencil) or an informal (conversational) manner, or a combination of both. The trainees should indicate their strengths, weaknesses, and backgrounds to determine training needs. (See Appendix M, *Personal Learning Plan.*) Some of the same sources of assessment information listed above apply to this group of trainees.

Additionally, the program director or supervisor of the staff to be trained can provide information on training needs.

3. Training Assessment for Supervisors of a Home-Based Option

The supervisor of the home-based option is the key to the effectiveness of the option. Any person hired or assigned to supervise the home-based option might already have supervisory skills, but it is important to conduct a training needs assessment to determine what is needed in the way of supervisory training rather than make assumptions.

Steps to be considered in assessing training needs of the home-based supervisor are:

a. **Orientation.** After an orientation regarding the home-based option and the supervisor's role, the supervisor will be able to indicate what training she/he feels is needed.

b. **Checklist.** Using a checklist of supervisor competencies will give further insight into training needs. (See Appendix N, *Home-Based Program Supervisor Competency Assessment.*)

c. **Assessment Tools.** Other assessment tools can be used to evaluate leadership styles. An example of an assessment tool is the Leader Effectiveness and Adaptability Description (LEAD) test. The LEAD-Self measures self-perception of how an individual behaves as a leader and the LEAD-Other looks at the perceptions of a leader's subordinates, superiors, and peers. (See Bibliography, *Management of Organizational Behavior, Utilizing Human Resources,* for more information on this test.)

d. **Staff Evaluation.** After being on the job for a specified period of time, a conscientious supervisor should have the staff evaluate her/his performance as a supervisor.

e. **Other Evaluation.** The supervisor should also be evaluated by her/his supervisor (director, education coordinator). This evaluation should be used in conjunction with the above evaluations to plan further training.

Based on information obtained in any of the above ways, training can then be planned. Depending on needs, training might be provided through the Head Start program, outside consultants, seminars, courses, etc. (See I of this section for more information regarding training to improve supervision skills.)

B. PRE-SERVICE TRAINING FOR NEW HOME VISITORS

It is critical that home visitors receive adequate pre-service training in order to get started off right. They must have a good understanding of the philosophy of the home-based option and knowledge of how to implement the option. This is important not only for home visitors but for the families. (Recommended resources from the Head Start Bureau, are "Head Start at Home," an orientation video, and the video, "Partnership with Parents.") Families must understand the goals and objectives from the beginning and how the option works. Otherwise there will be road blocks and delays in implementation.

Pre-service training must be adequate but not overwhelming. All training needs to allow time for home visitors to raise questions and voice concerns. In-service training (discussed in Chapter IV, Section C) is effective in providing an opportunity to incorporate training into daily implementation.

Components of new home visitor pre-service training, based on the *Head Start Program Performance Standards*, are:

1. **Philosophy**

   a. Parent focus. (See Appendix O, *Are Home Visits Parent Focused?*)
   b. Family focus.
   c. Parents as the primary educators of their children.
   d. The importance of involving the absent parent/adult. (See Appendix P, *Forming a Learning Partnership with Parents.*)
   e. The home visitor's role as resource person/facilitator.
   f. Importance of the home and such common activities as learning/teaching "laboratories" in the home, and incidental learning. (See Appendix Q, *What Does the Home Have to Offer as a Learning Environment?*)
   g. The goals and objectives of the home-based option.
   h. The importance of self-sufficiency and empowerment of families.
   i. The value of self-esteem.
   j. The roles of other staff members.
   k. Knowledge of research supporting the effectiveness of the home-based option.
   l. Cultural diversity among families and the role of respect and acceptance.

2. **Home Visiting**

   a. **Elements of a Home Visit**

   The elements below form the basic framework for a home visit, but not necessarily in the order listed.

   (1) Warm and positive greeting to set the tone.
   (2) Followup of last visit and reinforcement of follow through activities conducted by parent during the week.
   (3) Presentation of new information and activities with parent and child.
   (4) Planning for follow through, for next visit, and for parent and child goals.
   (5) Discussion of parental concerns and family issues.
   (6) Evaluation: How did it go? What could we have done differently?

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b. Focus of a Home Visit

(1) Parents are to be involved in planning in progressively more complex ways throughout the year.
(2) The parent is the facilitator of the child's development.
(3) Family focus is to include all concerns, as well as all who are present.
(4) Promoting parent focus.
(5) Respecting parental authority while reinforcing and promoting effective guidance.
(6) Suggestions/tips for establishing and maintaining parent/family focus (See Appendix O, *Are Home Visits Parent Focused?*)
(7) Principles of adult learning are important in maintaining adult focus. (See Section B-4.) Goals set by parents are necessary for meaningful involvement and optimum understanding by the parents.

c. Sources of Home Visit Content

- Family Needs Assessment and Family Action Plans.
- Program requirements, guidelines, and staff observations.
- Parent concerns and needs.
- The *Head Start Performance Standards*.

d. Situations/Problems

It is important for home visitors to voice their concerns and worries. Examples of these are:

- Absent parents.
- Abusive parents.
- Inappropriate discipline.
- Sensitive matters, such as cleanliness, nutrition, drug use.
- Lack of parent involvement.
- Parent letting home visitor teach children.
- Immigration problems, ethnic differences, language not specific to program service area.
- Home visitor's personal safety.

3. Communication Skills/Sensitivity

Some communication and sensitivity skills include:

- Listening skills.
- Body language skills.
- Values sensitivity.
- Cultural characteristics sensitivity.
- Problem solving skills.
- Confidentiality sensitivity.

4. Adult Learning Strategies

How parents learn is an important aspect of training for home visitors. Some home visitors may come to the home-based option with a child-focused orientation and may need training to shift their focus toward adults and how adults learn best.

Many adult learning strategies emphasize facilitating learning rather than transmitting knowledge. Following are some guidelines that can be used when working with adult learners:

- **Adults learn best when they are involved in the planning process.** Parents must feel the need to learn and see the value of personal goals.

- **Adults learn best when they feel their abilities are recognized**. When a home visitor recognizes a parent's strengths or life experiences, it tells the parent that she/he is important.

- **Adults learn best when they are comfortable**. The home usually offers a comfortable setting for learning. The parents should select where the visit will take place as well as the activities they are comfortable with.

- **Adults learn best when their needs, questions, and concerns are addressed**. The supervisor should show the home visitor how to individualize by encouraging parents to share information and ask questions regarding the information.

- **Adults learn best when they have trust and confidence in their instructor**. Confidence and trust are based on honesty and openness and not on being an "expert." Also important to the development of trust and confidence is a well trained and well prepared home visitor.

- **Adults learn best when they can apply what they have gained to their immediate situation**. The supervisor should encourage the home visitor to individualize the content of each home visit to the strengths and needs of the family that were determined by the child and family assessment.

- **Adults learn best when they are active participants**. The home visitor should make home visits fun and interesting. Home visitors should know how to get parents to share their ideas and to become involved in each activity. Home visit activities and goals should be planned with parents.

- **Adults learn best when they can discover for themselves.** The home visitor should not be afraid to let the parents take the lead and plan activities. The home visitor should encourage participation and provide instructive feedback.

- **Adults learn best when all of their senses are activated**. Adults tire quickly of lectures and incessant talking on one person's part. So the home visitor should plan activities that include the use of *taste, smell, touch, sight,* and *sound.*

- **Adults learn best when they receive feedback**. Everyone likes to know how they are doing. This includes what they are doing well *and* what may require improvement. The home visitor should not hesitate to offer constructive feedback to reinforce or correct.

- **Adult learning is enhanced by problem solving**. Good problem solving abilities are the key to parental independence. The home visitor should resist the temptation to provide answers and information. Instead, the home visitor should engage families in brainstorming, questioning, role playing, and problem analysis.

- **Finally, adults learn best from people they admire and people who show them respect**. Home visitors are privileged guests in the homes in which they work. They must never forget this nor abuse their welcome.

5. Head Start Component Training

Home visitors need to be familiar with and understand the Head Start components as they appear in the *Head Start Program Performance Standards*. Component coordinators should be involved and give guidance on incorporating components into the home-based option.

6. Record Keeping

Record keeping systems vary from one program to another. Training generally will be planned around the record keeping requirements of a particular program. Some things to include in record keeping are:

- The Family Needs Assessment information which should include awareness indicators, like recognizing resiliency and when to encourage coping skills; what the limitations of home visitors are and when to seek help; sources of help, such as supervisors/coordinators and other agencies; and documentation requirements.

- Assessments in all component areas, to include the development of Family Action Plans with parents and planning for each visit with parents.

- Reporting requirements, which should have weekly visit and follow through, referrals and follow through, and progress toward goals for children and family.

- Documentation and confidentiality. Home visitors need training in the importance of documentation and confidentiality. The grantee's policies regarding record keeping requirements, documentation, and confidentiality must be covered in a session on record keeping. This is imperative to ensure that parents' rights are protected and respected.

7. Group Activities

Home visitors usually have responsibility for group activities and need training for this. Even if they are not directly responsible, they need to know why the activities are required and what constitutes effective group activities.

They also must be trained on safety issues for children in a group setting. Group socialization activities for children and parents required in a home-based option are parent/child socialization activities and parent groups. (See Appendix E, *Home-Based Group Socialization Checklist.*)

8. Understanding the Operation of a Center-Based Option

Home-based staff need to know how the center-based option operates to understand and appreciate the differences and similarities between the two options. A good understanding can lead to positive working relationships between center- and home-based staff. Home visitors need to understand that both home-based and center-based options are governed by the *Head Start Program Performance Standards*, and that both are part of the same program. (The importance of training for center-based staff is addressed in Section E-5.) Education should address:

- Classroom team roles and responsibilities.
- Center-based schedules and responsibilities.
- Use of common resources and space.
- Working as a part of the Head Start team.

C. IN-SERVICE TRAINING

Continuing in-service training is important as it allows home visitors the opportunity to incorporate theory into practice. Topics covered in pre-service training will become more relevant when they are included in in-service training. In-service training provides in-depth information and responds to emerging needs.

As with all training, in-service training must be based on an assessment of need. Home visitors, the supervisor, and component coordinators all contribute to the assessment of training needs. Information is gained by reviewing records and program information reports (PIR), observing home visitors in the field and in group meetings, and talking individually with home visitors and the parents they serve.

An important part of in-service training is a weekly meeting with new home visitors where they can discuss questions, problems, and successes. This provides trainees on-the-spot help, reinforcement, and moral support. (See Chapter III-B-2 on support.) Sharing of resources, materials, and teaching ideas is extremely helpful to new home visitors. Other Head Start staff, such as component coordinators, can be drawn into these meetings to provide additional information and support.

In-service training can take many forms. It can be a weekly group meeting as mentioned above; a one-on-one meeting of a home visitor, supervisor, or component coordinator; or a more formal group training. In-service training should provide in-depth training on many topics covered in pre-service training as well as new information. Obviously, it must respond to emerging needs. Areas suggested for in-service training are:

- In-depth training on the Head Start components.
- Counseling and communication skills.
- Promoting parent/family self-sufficiency and decision making.
- Assessment and planning strategies.
- Family dynamics and systems.
- Child/spouse abuse and drug abuse.
- Recognizing and enhancing child and family resiliency.
- The *Head Start Program Performance Standards* and related information which clarifies the Standards.

D. TRAINING RESOURCES FOR HOME VISITORS

There are many resources to explore when planning training. A good training plan will include necessary and appropriate resources as well as strategies for providing services. The first and most important resource is the trained staff within the option itself. Staff has the greatest knowledge of the philosophy, goals, and objectives needed to attain success. After looking to the staff itself, other sources to be explored are:

- **Resources Within the Program**
- **Mentoring and Peer Support**
- **Community Resources**
- **The Home Visitor CDA Program**

1. Resources Within the Program

a. The Home-Based Supervisor

A home-based supervisor should meet frequently with home visitor staff. This allows concerns to surface, tells the home visitor she/he is important, and helps the supervisor plan future training and address individual concerns.

b. Head Start Component Coordinators and Other Staff

It is important that everyone understands that the supervisor, coordinators, and other staff are there to support the home visitors — the home visitors are not there to carry out the coordinators' responsibilities. Home visitors need to feel free to contact coordinators for help, and coordinators need to encourage and welcome such contacts. Coordinators should have a regularly scheduled time when they are available for consultation.

c. Other Home Visitors

Experienced home visitors are often familiar with a variety of extensive training resources and material.

d. Printed Materials and Audio-Visual Materials

See Essential Documents (II.B.) and the Bibliography.

2. Mentoring and Peer Support

This training resource/strategy within the total Head Start program deserves additional comment as a powerful and effective source of training and support for home visitors. Peer education, which involves home visitors observing each other on home visits, and mentoring, where more experienced home visitors take less experienced home visitors along on home visits, are very effective in implementing theory. The supervisor should be sure of the more experienced home visitor's competency before assigning a less experienced home visitor to her/him in a mentoring situation.

As mentioned earlier, group meetings also provide peer support in the form of problem sharing, successes, ideas, and resources.

3. Community Resources

There are many resources within the community that can be used in appropriate home visitor training. Examples of professionals or agencies and organizations within the community are:

- Other agencies that implement home visiting programs, such as early intervention programs, home-health nurses, social service outreach, and hospice workers.

- Other social service agencies which provide training on resources in the community, such as how and where to make referrals, when to make referrals, and skills needed in working with people. These agencies can also provide training in physical and mental health subjects.

- Professionals from colleges or universities who offer training in specific areas such as communication skills, child development (birth to five), nutrition, and family dynamics.

- Persons and organizations who provide training regarding cultural characteristics of the population served.

- Local law enforcement agencies can provide training regarding personal safety.

4. Home Visitor Child Development Associate (CDA) Program

The home visitor CDA program can be an effective, individualized training resource. Home visitors are assisted in developing competencies in 13 functional areas and are shown how to develop a resource file. They are assisted by a trainer who suggests training and/or resource materials in areas of deficiency.

The CDA trainer can be a source of reinforcement and motivation to the home visitor. The printed material alone on the functional areas and competency standards is a valuable resource for home visitors and/or a supervisor who is responsible for training. (For more information, refer to *Child Development Associate Assessment System and Competency Standards - Home Visitor,* available from the Council for Early Childhood Professional Recognition, Washington, DC.)

E. TRAINING FOR OTHER PROGRAM STAFF

The importance of training the home-based option staff is obvious, as they are responsible for the day-to-day implementation of the option. But, as has been emphasized earlier, the home-based option does not operate in isolation of the total Head Start program. For an effective overall Head Start program, all staff must have a clear understanding of both options. Staff need to know the home-based philosophy, how it is implemented, the roles of all concerned, sharing of space and resources, and how these all fit under the Head Start umbrella. Successful training of all Head Start staff will result in an effective option — one where everyone understands and respects individual roles. Following is an outline to be used in planning training on the home-based option for Head Start staff other than home visitors:

1. Philosophy of the Home-Based Option

- **a.** The importance of parents as facilitators of their children's development.
- **b.** The importance of the parent/family focus.
- **c.** Goals and objectives for the option.
- **d.** Research supporting the effectiveness of the home-based option.
- **e.** The importance of the home and everyday activities as learning and teaching resources. (See Appendix Q, *What Does the Home Have to Offer as a Learning Environment?*)
- **f.** Purpose/goal of strengthening families by enhancing self-sufficiency.
- **g.** The importance of self-esteem.
- **h.** Roles of staff members.
- **i.** Individualization within the home-based option.

2. Basic Information Regarding Home Visiting

For elements of a home visit, see B-2a above. Videos on home visiting, such as "Head Start at Home" and "Partnership with Parents," role playing, and accompanying more experienced home-visitors on visits, can give a more accurate picture of home visiting.

3. Roles of Staff

a. The Home Visitor Role Should Include:

- Visiting homes.
- Record keeping and reporting.
- Preparation, planning, and gathering of materials.
- Coordination with staff (supervisor, coordinators).
- Group socialization activities (child and parent socialization activities, training).
- Utilization of home visitor's time.

b. Component Coordinator Roles Should Include:

- Providing training in component areas.
- Providing resources in component areas. All support staff and coordinators should understand their role as one of providing the home-based option and home visiting staff with whatever support is appropriate.
- Providing parent training in group settings.
- Participating in staffings on children and families.
- Providing services to participants, such as health and developmental screenings.
- Accompanying home visitors on home visits when appropriate, such as for special needs children.
- Being available to provide consultation for home visitors.

c. The Home-Based Supervisor's Role:

(See Chapter III, Functions and Roles of the Home-Based Supervisor).

4. Incorporating Head Start Components into a Home-Based Option

There should be training on how home visitors include and implement all Head Start components of health and nutrition (all areas), education, parent involvement, and social services. Training should emphasize how all components are integrated during home visits. Home visiting videos, sample home visit plans, and references to essential documents (see Chapter II.E.) will be helpful in showing how this is done.

The role of component coordinators should be re-emphasized as one of providing support, training, and resources to home visitors in addition to going on home visits when appropriate and providing parent training in group settings. The importance of coordinators allocating regularly scheduled time for consultation with home visitors should be stressed.

5. Training of Center-Based Teaching Staff

In a program that operates both the center-based and the home-based option, it is critical that center-based teaching staff and parents understand the home-based option.

Training of center-based teaching staff and parents will help prevent misunderstanding of the home-based option. This is important because misunderstandings can lead to jealousies or turf protection. Both center-based teachers and home visitors can be used effectively to train each other, thereby providing reinforcement of the importance of each option and mutual recognition. Center-based teaching staff need to know:

- The home-based philosophy (E-1, above) .
- Elements of a home visit (B-2-a, above).
- Home visitor roles (E-3-a, above).
- A typical home visitor's schedule, including travel, home visit time, preparation and gathering of materials, record keeping, coordination, and training.
- The unique nature of involvement with families.
- The importance of sharing resources and space.
- Any of the aforementioned training for other program staff as appropriate.

F. ORIENTATION OF CENTER-BASED PARENTS

In a program where there are both the center- and the home-based option, center-based parents should be informed about the home-based option to promote understanding and exchange during parent activities. The Head Start home-based orientation video, "Head Start at Home," is ideal for this purpose.

G. TRAINING FOR HOME-BASED PARENTS

The supervisor's responsibility in overseeing parent training includes:

1. Orientation of New Parents

All Head Start parents should participate in a general orientation. New home-based parents need to be oriented to the overall Head Start program and to the home-based option.

It is important that home-based parents understand and feel part of the Head Start program. Every effort should be made to make the orientation positive. Some programs invite the home visitors and past home-based parents to give short testimonials to orient the new parents.

The orientation should make the parents excited about the option so that they are looking forward to participating. Time should be planned for questions and discussion so as to not overwhelm the new parents.

It is important that parents understand the home-based option as a unique and special operation within Head Start. At a minimum, the orientation to the home-based option should include:

- Meeting and being welcomed by their home visitor.
- A description of how the home-based option operates. (The "Head Start at Home" and "Partnership with Parents" videos can be used for this.) It is important to emphasize the roles of the parents from the very beginning. Parents need to know that they will be in attendance during home visits, and that when they are working with their child they will also be working with the home visitor.
- The schedule of home visits and socialization/group activities.
- The benefits to the parents and to their children.

2. Training of Parents in Groups

There are many opportunities to train parents in groups. The overall training plan of the agency must include parent training and requires parental input into the training plan. Training conducted in groups can reinforce the weekly training which occurs through the home visit activities as well as cover other important topics.

Parent group training can include, but is not limited to:

a. Head Start Components

The Head Start component coordinators provide training in their areas of expertise and provide help in finding resources in the community.

b. Child Group Experiences

Parents should receive training regarding child growth and development while participating in child socialization experiences. Participating in the child socialization experiences should be balanced with participation in parent group activities.

c. Other Areas of Interest

With parental input, group training may include such things as self-improvement, job skills, interviewing skills, home repairs, self-defense, and assertiveness. The possibilities are limited only by the needs and desires of the parents and the staff planning the training.

3. Individual Parent Training

Many programs have resources to provide individual parent training in addition to training that occurs as a result of weekly home visits. Individual training should be a direct result of the FNA and the FAP.

Examples of individual training deal with secretarial skills, computers, food service, auto mechanics, auto body repair, medical and dental technicians, and driver training. Some parents may be interested in skill training for Head Start positions. Others may need training in locating and utilizing community resources.

H. TRAINING FOR POLICY GROUPS AND VOLUNTEERS

It is important that everyone involved with the home-based option have adequate training. Decision making groups such as the grantee board, Policy Council, and parent committees, need to be well oriented in order to make informed decisions and to be able to explain and/or advocate for the home-based concept when that option has been selected for implementation.

Volunteers who may be assisting with group activities (child or parent) need training about Head Start (goals, objectives) as well as specific training about the home-based option. Since the home-based child socializations are different from Head Start center-based classrooms, volunteers need proper orientation. They need to know the goals of the socialization activities and how parents are involved. Volunteers working in any other aspect of the program, such as assisting with social service needs or providing training, need to be trained/oriented about the home-based option as well as the Head Start program in general. Training should include:

- The home-based philosophy and goals.
- The effectiveness of the home-based option as a result of research findings.
- For policy groups, factors to consider when choosing a home-based option such as community needs assessment, location, and social and cultural considerations.
- For volunteers, any specific duties and responsibilities as determined by overall program needs.

I. TRAINING TO IMPROVE SUPERVISORY SKILLS

Just as the skills necessary for effective home visitors are unique, supervisory skills are also unique. Supervisors need a solid knowledge base, as well as supervisory skills, in order to be effective home-based supervisors. (See Training Assessment in A-3 above and Appendix R, *Supervision Factors Which Can Improve Leadership Performance*.)

1. Knowledge Base

Home-based supervisors need a knowledge base as a foundation for the important job of supervising the home-based option. The knowledge base should include:

- Child development/early childhood principles and practices.
- Knowledge of early intervention programs.
- Principles of adult learning.
- Knowledge of the overall Head Start program, to include philosophy, goals, objectives, and the *Head Start Program Performance Standards*.
- Knowledge of the Head Start home-based option. An effective supervisor will understand how all home-based functions are interrelated in accomplishing the goals of the total program.
- Understanding of a home-based supervisor's roles. (Chapter III of this guide).

2. Supervision and Management Skills

While personal knowledge, knowledge of the organization, and knowledge of one's roles are important in effective supervision, the common denominator that appears to be most crucial is "human skill." The ability to get along with others has been rated as more important than any specific job skill or knowledge.

Supervision is indeed a complex responsibility and consists of several functions. Among the functions are planning, organizing, motivating, and monitoring. The following is a list of topics to be considered when planning training to improve supervision skills:

- Communication skills.
- Motivation.
- Human relations.
- Delegation.
- Administration, organization, planning.
- Training.
- Program monitoring.
- Evaluation, feedback, and self-evaluation.
- Conflict resolution.
- Time management.
- Stress management.
- Democratic leadership.
- Observation skills.

There are many resources for supervisory training skills. Much has been written regarding supervision and/or human skills. Universities and colleges have specialists in this area, and there are many consultants who provide this type of training.

The following Principles of Effective Training summarize this section. These principles and strategies apply to training for both staff and parents. When conducting training, use a variety of training techniques. Active participation is best. Consider the following:

PRINCIPLES OF EFFECTIVE TRAINING

1. Training should be continuous.
2. Pre-service training should be adequate but not excessive. It should provide basic background, information, and skills.
3. In-service training should change with changing needs and individual problems; it should grow out of the program.
4. In-service training should provide up-to-date information and increase knowledge in the components.
5. Local staff and community resources should be considered as the first training resources.
6. Both formal and informal training situations should be considered.
7. Both individual and group training sessions should be utilized.
8. Training should always be relevant.
9. Training should be based on program goals and objectives.
10. Training must be responsive to staff input.
11. Work task analysis and problem solving techniques are useful in planning training.
13. Effective training will use a variety of techniques and resources, including the use of multi-media resources.
14. Evaluation of training is essential to keep training responsive to the needs of staff.

V

EFFECTIVE SUPERVISION STRATEGIES

A. MANAGEMENT ISSUES IN THE HOME-BASED OPTION

Management issues require that the supervisor have a clear understanding of the philosophy and day-to-day operation of the option. In addition, strategies for monitoring the development of individualized plans, family contacts, group activities, and training of staff are needed. Involvement with other components and center staff requires careful management. The home-based supervisor becomes the first line of contact when a coordinator requires information or has a specific requirement to carry out with the home-based option.

The supervisor needs to set aside adequate time for all of these functions and, in most cases, will be required to do such additional duties as monitoring time sheets, mileage, and attendance. In order to accomplish all of this effectively, the supervisor needs to have strong time-management skills, a clear sense of priorities, and a good reserve of flexibility. (See Appendix R, *Supervision Factors Which Can Improve Leadership Performance*.)

1. Beginning: The Reality Check.

Reviewing of the Head Start guidelines, other pertinent Head Start information, organizational charts, and staff responsibilities should be the first task. Then:

- Chapter III of this guide should be consulted to create a list of all home-based supervisor responsibilities.

- Review the local Head Start agency's program plan for specifics of other activities in which the home-based supervisor has responsibility, coordinates functions, or has a consultation role. These duties and expectations will vary depending on the size of the program, geography, and availability of other staff. For example, in one program the home-based supervisor may have fewer coordination responsibilities because there is a home-based coordinator. In another program without a coordinator, a larger number of coordination responsibilities will fall to the supervisor. Another program may involve the supervisor more actively in the recruitment of families.

- A realistic list of time estimates for each activity should be created. For example, a supervised home visit may take 90 minutes, but if the drive is typically 30 minutes each way, this time should also be budgeted. Sufficient time to review records and write up notes needs to be included. Actual training time may be two hours a week, but additional time should be budgeted for planning, evaluating, and coordinating with training providers.

2. Setting Priorities

The number of estimated hours required for all activities should be added up and reviewed with the supervisor's supervisor and the Head Start director, who should be consulted to make sure the time expectations are realistic. Actual time with the home visitors must be the priority for the home-based supervisor to ensure quality. Referring back to the guidelines to be clear about the supervisory requirements for the home-based staff may be necessary.

3. Planning and Scheduling Activities

A reliable schedule of activities, supervised visits, and individual and group support provides a secure base for a home visitor that is critical to a smooth operation. Regular participation in meetings with other management staff ensures that the needs and philosophy of the home-based option are taken into account in the overall program operation.

The supervisor should coordinate regular meeting times with other component staff so that activities do not conflict with one another. (Group socialization activities will need to be scheduled carefully if center facilities are used.) At the end of the program year or during summer months, all activities should be scheduled on a master calendar and noted on an individual calendar. A master home-based calendar should be made for home visitors and for distribution to others in the program.

4. Time Management

Time management techniques vary widely. The following ideas are meant as suggestions and to complement current practices:

- Schedule office time so that necessary work can be done without interruption. Paperwork should be kept current so that it does not turn into an impossible task with little meaning.

- An appointment calendar should be used regularly. The supervisor should get in the habit of writing down things such as calls to return, meetings, and deadlines. Local stationery stores carry various kinds of calendar organizers.

- Office time should be planned so that the supervisor is available to receive and return phone calls or visits from home visitors. Staff should be able to reach their supervisor at a regular time each day. Nothing else should be planned at this time.

- Voice mail or a phone answering machine can be requested. The features are invaluable. They allow detailed messages to be left and often cut down on phone time and secretarial time. For example, a home visitor can leave directions to the home visit for the next morning, cancel an appointment, or ask a detailed question about a family crisis. All of this allows the supervisor to get information or respond more effectively to a call. A lap top computer is also an organizational tool that can save much time and money.

- Time frameworks for minimizing interruptions should be set. If a new staff member is having a problem understanding a record keeping procedure, time should be set aside when the supervisor will be present to deal with the problem. This may mean that the supervisor will have to ignore phone calls, close a door, or ask not be interrupted.

- Bunch routine activities. If mileage records must be checked, they should be checked all at once. This improves speed and efficiency.

- A structured system for activities and materials and to plan maintenance time on office systems should be developed. Time spent planning and setting up an efficient office organization system will save uncounted time in looking for materials. Some supervisors find it effective to have a portable file system for their car in which they keep such things as extra forms and resource materials. If necessary, a supervisor should ask for help from a staff member who seems organized, or consult one of the organizational books cited in the Bibliography.

- Use travel time wisely. This time can be useful for discussing home visit content when the home visitor rides with the supervisor or dictating observations into a dictation machine.

- Delegation of tasks is a critical time management skill as well as a way to foster staff and parent growth. A supervisor should look for appropriate tasks for delegating, such as the organization of a resource library, checking out logistics for a field trip, or the planning of a group picnic. Effective delegation requires that the task be thought through, expectations be discussed, and there be follow up to make sure the task was done and proper appreciation was given.

- A supervisor should know when to ask for help. A home-based supervisor has many responsibilities and roles. If the tasks and duties seem overwhelming, the supervisor should have a discussion with the Head Start director and ask for help. Such things as more secretarial help, a computer, delegation of responsibility, or even additional staffing for supervision may be necessary.

5. Peoplework versus Paperwork

Supervision is peoplework. Home visiting is peoplework. In both instances, the required paperwork should not be the primary focus. This includes documentation of the services. The supervisor needs to carefully review paperwork requirements to make sure they are not excessive. If necessary, the supervisor can work with component staff to streamline it.

The following paperwork questions should be addressed:

- *How can repetitious paperwork be eliminated?*
- *Can information be shared more effectively across components?*
- *Is the program gathering information that is not useful or that is useful but not being used?*

6. Flexibility

The home-based supervisor has many roles in a system where human needs and unexpected situations are the norm. Therefore, flexibility is a must. However, the supervisor must be careful not to spend all of her or his time responding to unanticipated needs. Otherwise the necessary time for regularly scheduled activities will be in jeopardy.

7. Dealing With Discomfort

Being a supervisor means tolerating certain kinds of discomfort at times. Some discomfort can involve challenging situations, like, should a difficult employee be retained? Is a family situation too dangerous and must child protective services be called? In these situations, when the supervisor feels a decision is difficult or it is hard to make a judgment, they should always get as much information as possible and then consult with another staff person or consultant before making a decision.

8. Gender Issues

Home visitors are predominantly female. However, there are numerous examples of effective male home visitors in Head Start. In some cultural groups, male home visitors may be more readily accepted than females. However, male home visitors often need extra support in helping families become comfortable with their working in the home. In areas where male home visitors have not worked before, the supervisor should plan with the parents for the effective utilization of the male home visitor.

B. SUPERVISION AND LEADERSHIP STYLES THAT FOSTER HOME VISITOR COMPETENCE

Supervision in a home-based option requires individualized approaches and the realization that home visiting is a skill requiring independent thinking and creativity. Some styles to consider are:

1. Individualizing Approaches to Staff to Recognize their Diverse Backgrounds

Home visitor "A" may have an excellent child development background but have difficulty building trusting relationships with parents. Home visitor "B" may know community resources very well and be skilled at working with adults but have little understanding of children's needs. Supervision, training, and resources must match these individual's needs and deficiencies.

2. Considering Each Home Visitor's Career Stage Separately

New home visitors will need help in learning the mechanics of the option and in mastering the basic skills of home visiting. More experienced home visitors may need in-depth supervision and training in such areas as family dynamics and communication. Home visitors with extensive experience may need renewal experiences, such as training and management development.

The supervisor should evaluate these career stages with the home visitor. Performance evaluations are not done simply by observing or by the amount of time the home visitor has been working.

3. The Supervisor Should be Well Acquainted with the Home Visitors and Their Past Work Experiences

So that expectations are not inconsistent with the home visitor's abilities and experiences, the supervisor must let the home visitor know she/he is aware of the home visitor's work history and, if applicable, suggest support or help in certain areas. The supervisor's role is to create an atmosphere where the home visitor is comfortable asking for help and accepting support or suggestions.

4. Knowing the Learning and Interaction Style of Home Visitors

Some home visitors may be defensive when problem areas are brought up, some may be agreeable, and some may harbor feelings of resentment. The supervisor needs to be sensitive to these individual differences.

5. Difficult Home Visitor Issues

Issues, such as the home visitor having a difficult time getting parents involved or the home visitor getting over-involved and failing to maintain boundaries between her/his life and the life of the family, must be dealt with. These areas of supervision, along with other similar issues, require not only observation but careful listening as the home visitor is encouraged to bring these issues up in supervisory and group meetings.

6. Home Visitors as Whole Human Beings, not Just Staff People

It is appropriate, in a limited way, for the supervisor to talk with the home visitor about personal issues that relate to work issues. For example, "What is it like having your daughter/son in day care near the office?"

Additionally, Head Start situations that a home visitor has personally experienced may be hard to handle when similar situations arise while visiting a family. These too should be discussed so that they do not interfere with the home visitor's reactions to the family.

7. Using Leadership to Build Home Visitor Team Unity

The supervisor has a major leadership role of developing home visitors who are mutually supportive and who will work toward the improvement of services to all the families. The supervisor has major roles to play in this process that include:

- **Treating all Staff Equally.** Rules for time off, observation, documentation, tardiness, etc., must be consistently and fairly presented, and expectations must be the same for everyone. The supervisor should be aware of playing favorites.

- **Respecting Individual Privacy**. The supervisor's observations about a home visitor's performance are private and should not be shared with others unless the supervisor and home visitor decide this is appropriate and acceptable. Supervisors need to be very strict about maintaining privacy and confidentiality as it models the confidentiality that home visitors must maintain with families. The supervisor should avoid contrasting home visitor skills and expectations in a group setting in any kind of critical way.

- **Encouraging and Recognizing Individual Contributions Toward a Team Effort.** Home visitors feel less isolated when they understand that they are contributing to a team effort. For example, one home visitor might take on a project of organizing a resource lending library for parents, and another might update a list of field trip resources. The supervisor will be most effective in encouraging team effort if team meetings are handled in such a way that contributions and ideas are accepted and discussed. It is important for the supervisor not to force ideas on the group, but rather to invite ideas, clarify goals or procedures, and summarize what has happened.

- **Recognizing Team Accomplishments.** When a group accomplishes something, such as meeting a deadline, finishing a project, or doing a good job on an activity such as a field trip or a group socialization, a group congratulations should be posted.

- **Using Home Visitor Skills in Solving Problems.** Supervisors should avoid making management decisions in isolation. They should consult and involve the staff. For example, if health forms are consistently coming in late, approachs other than imposing another deadline, berating the staff, or criticizing the group, should be taken. The supervisor should actively state the problem and invite the group to help figure out why the problem is occurring and what can be done to correct it.

8. Maintaining Dependability

To build trust among individuals and the home visitor group, the supervisor must be dependable. The supervisor must keep appointment times, remember what was agreed upon for followup, stick to a schedule, and not make promises that can not be kept.

9. Avoiding the "Us-Against-Them" Mentality

Home visitor teams sometimes build such strong identities they see the rest of the program as a group that is against them. As a supervisor, it is important not to fall into this way of thinking by demeaning other staff, belittling center-based staff, or isolating the home-based staff from the rest of the program.

10. Avoiding Taking Over and Providing Services Directly to Families

Sometimes the supervisor may feel that it is easier to do deal personally with the problem rather than support and guide a home visitor in accomplishing the task. For example, if a parent has a crisis that seems overwhelming to the home visitor, the supervisor might be tempted to take over and solve the problem. However, the extra time spent helping the home visitor find ways to work with the parent or finding an appropriate resource will help the home visitor build skills. If the supervisor takes over, the home visitor is likely to feel less competent as a result. On occasion the supervisor may need to offer help with a socialization group or provide direct services for a parent group, but direct services to families should be provided by the home visitor with help from appropriate community resources.

11. Remaining Open-Minded and Objective About People

The supervisor must be alert for personal biases. It is often tempting to see a staff person or parent in a particular light and fail to observe her/him in a detached manner. This can happen during evaluations, observations, or in meetings. These issues need to be discussed so that they do not get in the way of services to the family and child.

The supervisor must watch out for the following trouble spots:

- **"The Halo Effect."** Often, if we like a person or if that person has done a good job with something, there is a tendency to generalize and look positively on everything this person does and, consequently, miss areas which might need support or help. For example, a supervisor who values well-done paperwork may make the mistake of failing to observe other areas. A home visitor who likes order and cleanliness may notice this trait in a family and fail to observe more subtle issues, such as the parent-child interaction, and may jump to the conclusion that a clean house means a child and family are doing well in all areas.

- **"The Broken-Halo Effect."** If a supervisor does not like something about an individual, it may be harder to look at the entire range of the individual's work. Supervisors may need help thinking through their feelings if they are in the way of working objectively and effectively with an individual. In similar ways, home visitors sometimes will have a hard time working with a family which they do not like.

12. Establishing and Strengthening The Supervisory Role

In many programs, supervisors for the home-based option are promoted to the rank of supervisor because of their excellence as a home visitor. This has many advantages. However, sometimes the supervisor is put in the difficult position of being the boss of former peers. It is important that the supervisor talk about this with the home visitors as it may be difficult to supervise in these cases. Friendships between the new supervisor and the former home visitors can continue, but it is critical that the new role relationships be carefully laid out, and that the supervisor be discrete about carrying work-related issues over into the friendship arena after hours. For example, it would not be appropriate for a supervisor to discuss a staff problem with another home visitor with whom she/he was a friend.

Supervisors who begin without home-based experience may have to work harder to establish credibility as a person knowledgeable and interested in home-based services. The supervisor might need to make extra observations and have extensive discussions with staff to establish credibility.

C. COMMUNICATION STRATEGIES

A strict and regimented style of communication will not work with supervision just as it will not work with home visiting. Meetings offer a way of modeling approaches that home visitors should strive for with families.

The following communication strategies are similar to ones that home visitors are encouraged to use with families:

1. Modeling Supportive, Respectful, and Facilitative Relationships with Home Visitors

- The supervisor should encourage creativity and problem solving. A home visitor's problem may seem very simple to the supervisor. However, rather than the supervisor telling the home visitor what to do, a problem-solving approach should be used by asking questions such as, "What have you already tried?" "What do you think is causing this?" or "What worries you about this?" In this process the supervisor is trying to lead the home visitor into expanding her/his thinking about the problem and thus become better able to deal with the next problem that comes up. As this process is gone through, it is important that the supervisor be open to any ideas of addressing the problem that might be different than her or his own. In this process, supervisors may need to remind the home visitor about program guidelines or raise issues that might have been overlooked such as, "I wonder if that would work given he is only three years old. Many three-year-olds can't sit still for so long," or "Were you aware that there is an agency set up to help parents with this problem?"

- The supervisor should offer options instead of giving the ultimate suggestion. For example, the supervisor could try using the following: "In this situation I think you could either be very direct in your home visit about your discipline concern, or wait until the parent education meeting to discuss this in the group. Which do you think would work best with this family?"

- It is helpful to use the home visitors' concerns or successes as points of departure in individual and group meetings. The supervisor should encourage the home visitors to say what they are concerned about and to talk about the successes they have had.

- The supervisor needs to recognize individual successes. Just as parents need specific recognition, home visitors also need to have their work and efforts recognized. Use of detail is often helpful. For example, "I noticed how well the parent responded to your questions about the week's activities. Your questions seemed very sincere and she really opened up and shared the problem she had with her child at the market. Your use of these kinds of open-ended questions has really improved in the past few months."

- The supervisor will want to address problem areas or needs. When there is a specific problem that can be identified it should be addressed directly and with tact instead of in a vague way. For example, "I noticed that you spent most of the visit working with the child and the parents watched from the sidelines. I was concerned about this because we are trying to involve the families as much as possible rather than have only you teach the children. Is there something happening I don't understand or are there some techniques I can review to help you involve the parents more?"

- Use of non-directive communication can add information when appropriate. The supervisor should try to expand thinking rather than make pronouncements or judgments. For example, "I wonder what might be making her do that?" or "I'm not sure, but I wonder how much to consider the child's history of ear infections?"

2. Communicating and Expectations

The supervisor should make sure the home visitor's expectations are clearly stated, both verbally and in writing. For example, there should be a home visitor handbook with deadlines for things such as health data, time sheets, mileage, and plans. Observation forms for home visits should have clear expectations so that they become a self-instructional tool for the home visitor as well as for the supervisor and the home visitor to look at together. Forms should be provided to home visitors so they understand what the supervisor is observing.

3. Seeking Input and Feedback from Home Visitors

Home visitors should be encouraged to let the supervisor know about the usefulness of forms, ideas for improvement, specific problems, etc. For example, before trying out a new form, the supervisor should circulate the form and ask for an evaluation from those who will be using it.

4. Avoiding Quick Conclusions

One of the dangers of home visiting and supervising home visitors is the quick conclusion or the partial world view. For example, a home visitor who reports a withdrawn and seemingly depressed family situation may need help with understanding the whole picture, factoring in cultural issues, etc.

In a similar way, some home visits may seem too one-dimensional. The supervisor should find out more about previous visits before helping the home visitor restructure her or his approaches.

5. Learning to Listen

Listening is essential. Listening solves problems and motivates the one who is talking. A few guidelines for effective listening and communication are:

- While listening, complete attention should be given to the speaker, without interrupting and without performing other tasks.

- The listener should ask questions to help understand the situation completely before offering assistance.

- The listener should avoid judgmental statements like "That was a dangerous thing to do." Rather, something like "What were you concerned about when this was going on?" should be asked.

- There is not only one way to do something. The role of the supervisor is to help the home visitor understand the requirements and facilitate creative approaches to working with children and families. This needs to be kept in mind while a home visitor describes home visit activities. For instance, rather than the supervisor saying to a home visitor, "If you feel your activities need to be more open-ended, I have approaches that always worked when I was a home visitor," they should try saying, "Help me understand why you and the parent are using so many craft projects." In this example, a supervisor might find out more about the home visitor's reasoning and thus be more able to talk about home-based philosophy, child development issues, and family dynamics in a way that fits the situation.

- A difficulty or feeling should not be minimized. Statements such as "It will get better," "Don't think about it" or "You're too emotional" are rarely helpful. Instead, questions should be used which help the speaker find ways to cope with the problem and which reminds them of their strengths, like "What has worked in the past when you felt so overwhelmed by a family problem?" or "This reminds me of the situation with that other family which you handled so well."

D. SOURCES OF SUPPORT FOR THE HOME-BASED SUPERVISOR

Home-based supervisors have a complicated job which involves management, direct supervision of staff, leadership, and ongoing coordination with component staff. Development of supportive and facilitative relationships which promote quality services to families is a necessity. The home-based supervisor must recognize that support is necessary in order to do this well.

The need for support will vary according to the supervisor's skills, training, and experience. For supervisors who were former home visitors, there might be a tendency to need extra support because of the difficulty of establishing new role relationships with home visitors.

Some ideas for finding support for supervisors are:

1. Program Support

The home-based supervisor needs a source of support within the program to help review issues. It is imperative that this source of support know about the home-based philosophy and operation or be willing to learn. A mental health professional from within the program or from an outside agency can be a valuable source of support for a home-based supervisor.

2. Home-Based Supervisors from Other Programs

The supervisor should make an effort to meet with Head Start home-based supervisors and staff from other programs for support. The supervisor should also request opportunities to visit other programs or have training with other home-based supervisors. Networking at professional meetings and training is also advisable. Some supervisors develop strong support networks and keep in regular phone contact with other staff whom they have found to be supportive.

3. Seeking out Peers Who are Supervisors from Within the Program

Home-based supervisors should get to know these supervisors and ask them what resources they use and how they deal with issues.

The particulars of home-based supervision are quite unique, but much about the basic principles of supervision can be learned from other supervisors.

4. Community Programs

Many communities have programs which use the home visiting approach for services, such as health care, and which might provide support and networking opportunities. Home-based supervisors should make an effort to get to know individuals who are involved with these services for mutual support.

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[Note: These are basic requirements for the home-based supervisor. Local programs should adapt these requirements to their own needs.]

Appendix A

SAMPLE JOB DESCRIPTION - HOME-BASED SUPERVISOR

RESPONSIBILITIES:

1. Assist in the development and evaluation of home-based policies and procedures.
2. Coordinate the daily operations of the home-based option with other Head Start activities, while working closely with other component staff.
3. Supervise home visitors through staffings, observations of home visits and parent activities, group socializations for parents and children, review of records, and enrollment levels.
4. Evaluate home visitors, develop with home visitors improvement/training plans, and make recommendations to home visitor based on evaluation.
5. Help identify training needs for the home-based option and plan with appropriate program staff and other component coordinators the development and delivery of training to meet those needs.
6. Model appropriate communication techniques.
7. Provide program orientation and training for new home visitors.
8. Coordinate the resource library for use by home visitors.
9. Participate in the hiring process of home-based personnel.
10. Coordinate the ordering of home-based supplies, materials, and equipment.
11. Assist the Education Coordinator and other component coordinators in working with center parent groups and members of the Policy Council in relation to home base and parent education.
12. Ensure that Head Start multicultural principles are reflected in local program practices.
13. Follow all general staff responsibilities, in addition to specific job responsibilities.

MINIMUM QUALIFICATIONS:

1. Education: Home Visitor Child Development Associate, Associate of Arts, or Bachelor of Science degree in social services, early childhood education, adult education, home economics, human development, or a related field.
2. Experience in a program that emphasizes the parent's role in the child's development.
3. Experience with low-income families and in working with persons of varied experience and ethnic backgrounds.
4. Experience supervising adults and facilitating groups.
5. Experience in preparing written reports and making oral presentations.
6. Possess valid driver's license.
7. Have strong oral and written language skills.
8. Be knowledgeable of adult learning concepts.

[Note: These are basic requirements for the home visitor. Local programs should adapt these requirements to their own needs.]

Appendix B

JOB DESCRIPTION -
HOME VISITOR

QUALIFICATIONS:

A. Experience/Education:

1. Minimum age of 18.
2. Education: Home Visitor Child Development Associate, Associate of Arts, or Bachelor of Science degree in Adult Education, Early Childhood Education, Home Economics, Human Development, or a related field.
3. Previous experience providing direct services to low-income families.

B. Skills/Characteristics:

1. Adaptable/flexible.
2. Non-judgmental
3. Resourceful
4. Energetic
5. Dependable
6. Communication
7. Friendly
8. Confident

Major Duties/Functions/Responsibilities:

A. GENERAL:

1. Assists families in identifying family resources and needs.
2. Works with families and children on a scheduled one-to-one weekly basis in their homes for *at least* 90 minutes minimum.

3. Maintains confidentiality of family records and information.
4. Encourages and promotes the family's achievement of self-sufficiency.
5. Is accompanied by the home-based supervisor on home visits as well as resource staff when deemed necessary.
6. Participates in all appropriate training and meetings.
7. Encourages parents to attend parent meetings and transports them when necessary.
8. Integrates all Head Start components during home visits.
9. Maintains and periodically up-dates Family Profiles with each family throughout the program year.
10. Works with parents to develop weekly home visit and weekly activity plans based on each child's assessment and identified family needs.

B. PARENT INVOLVEMENT:

1. Assists parents in developing and fostering healthy self-concepts for themselves and, having begun this effort, will begin assisting parents in becoming the prime family educator(s).
2. Fosters the belief in parents that they are their child's first teacher and reinforces this concept with practical suggestions for its development.
3. Provides guidance and leadership in the planning of and participation in parent meetings scheduled at least once per month.
4. Encourages families to keep an on-going file of weekly home visit plans.

C. SOCIAL SERVICE:

1. Makes referrals and transports families when necessary to community services offices such as family planning, food stamps, employment, health services, vocational rehabilitation, psychological services, etc.
2. Assists parents in utilizing fully all available community resources.
3. Acts as a liaison and advocate between community resources and Head Start families.

D. EDUCATION:

1. Assists parents in developing ways of using household resources in educational activities with their children.
2. Provides parents and children with group socialization experiences.
3. Provides ongoing assessment of parent of enrolled Head Start children with appropriate assessment tools.

E. HEALTH:

1. Assists families when necessary in the arrangement and transportation of medical and dental appointments as required by Head Start, including designated followups.
2. Must plan one nutrition activity as least once each month during a home visit.
3. Conducts health checks on each home visit.

Employee Acknowledgement: ______________________________

Date: __________

Program Director Acknowledgement: ______________________

Date: __________

Appendix C

HOME VISITOR INTERVIEW FORMAT

1. What personal qualities do you think you would bring to this job?

2. What job related and life experiences do you have that you feel are related to the job of home visitor?

3. What are some advantages of working with families and children in the home?

4. What concerns do you have about working with families and children in the home?

5. How would you involve a parent with their child during a home visit? What approaches would you use?

6. What would you do if a family member told you they were about to get evicted?

7. How would you involve all family members during a home visit; e.g., grandmother, older sibling, and an infant?

8. What are some of the things preschoolers learn from their parents? How would you, as a home visitor, assist them with this?

Appendix D

HOME VISIT OBSERVATION GUIDE

Check (✔) if yes:

_____ 1. The home visitor greets the family, checks in on events of the week, and is sensitive and attuned to the emotional tone of the home environment.

_____ 2. The home visitor uses a plan developed together with the parents. The plan is often referred to and used as a guide. The home visit format and content are flexible and adjusted as needed according to current needs and interests of the parent and child.

_____ 3. The home visitor individualizes approaches and activities with the parent and child in a way suited to their needs, skills, interests, and learning styles.

_____ 4. The home visitor involves the parent in an individualized and progressively more active way through the use of the Home Visit Plan (planning, discussion, activities, and evaluation).

_____ 5. The home visitor's language with the parent and child reflects knowledge and use of a variety of communication techniques (e.g., active listening, paraphrasing, and other empowerment techniques).

_____ 6. The home visitor intervenes appropriately through use of observation, discussion, and written suggestions.

_____ 7. The home visitor immediately addresses health and safety hazards.

_____ 8. All learning activities are developmentally appropriate, process-versus-product oriented, and encourage the use of home materials. The parent is included in ongoing planning of all activities.

_____ 9. The home visitor facilitates parent and child interaction and does not do direct one-to-one teaching of the child (except for occasional modeling).

_____ 10. The home visitor discusses needs for services with family members, helps with referrals, and provides information and followup as needed.

_____ 11. The home visitor identifies, observes, and discusses social-emotional issues with families. S/he works to understand the parent's point-of-view and to increase the child's motivation. S/he discusses alternative management techniques which recognize the child's age, temperament, and family dynamics.

_____ 12. The home visitor is able to integrate new techniques, activities, and knowledge from such sources as trainings, resource materials, and supervisor feedback.

_____ 13. The home visitor understands her/his role as a facilitator of family change and does not become inappropriately involved in decision-making or advising about personal relationships.

_____ 14. Did the home visitor integrate Head Start component areas when appropriate?

_____ 15. Did the home visitor summarize and evaluate the visit with the parent?

Adapted from materials developed by Child Parent Centers, Tucson, Arizona.

Appendix E

HOME-BASED GROUP SOCIALIZATION CHECKLIST

Site: ____________________________ Date: __________

Check (✓) if yes:

_____ 1. Were parents involved in planning the socialization activity?

_____ 2. Were parents involved in a meaningful way; i.e., leading an activity?

_____ 3. Were children given an opportunity to play in large or small groups with other children and/or adults?

_____ 4. Were activities planned which foster cooperation and other social skills; i.e., taking turns, following directions, sharing.

_____ 5. Were activities planned which do not regularly happen on home visits; i.e., block play, water play, easel painting, field trips?

_____ 6. Were safety measures followed?

_____ 7. Were standard nutrition guidelines for group activities followed?

_____ 8. Did parents informally evaluate the activity at its conclusion?

_____ 9. Did parents have the opportunity to interact with other parents?

_____ 10. Did the home visitor work to involve parents who were reluctant to participate?

_____ 11. Did planning include home visitors and parents greeting incoming parents and children?

_____ 12. Were parents provided guidance regarding observation of children before and during the activity?

_____ 13. Were parents helped with child management techniques by discussion before activity, prompting during the activity, and positive modeling by the home visitor?

_____ 14. Did the home visitor discuss the group socialization on the next home visit? (with questions such as: Did you enjoy the activity? How do you think your child benefitted? How could the activity have been improved?)

Appendix F

SAMPLE FAMILY NEEDS ASSESSMENT

How Can We Help You?

Agencies I am using, have used, or need:

	Using	Used	Need		Using	Used	Need
Rehab program	____	____	____	Speech therapy	____	____	____
WIC	____	____	____	Employment services	____	____	____
Job Training	____	____	____	Public health nurse	____	____	____
Supplemental foods	____	____	____	Family support center	____	____	____
AFDC	____	____	____	Housing assistance	____	____	____
Community schools	____	____	____	Social services	____	____	____
Legal services	____	____	____	Counseling services	____	____	____
Disabilities office	____	____	____	Food stamps	____	____	____
SSI	____	____	____	Other ____________	____________________		

Are you having any problems getting help at any of these agencies or services?
YES____ NO ____

Would it be helpful to you if our Social or Health Services Staff could find resources for:

Locating a new place to live? _____
Locating food for emergency situations? _____
Locating clothes for your family? _____
Finding planned parenthood information? _____
Additional medical care for other members of your family? _____

Additional information about physical development?
____
Information on special clinics, counseling, and health service agencies? ____________________
Other: ____
____
____
____

Sometimes I need some help or someone to talk to about:

Marital problems _____
Problems with my children _____
Personal problems _____
Financial problems _____
Medical needs_____
Help with my child at home _____
Knowing and understanding my child better _____

Being aware of services available _____
Developing patience with my child _____
Understanding what my child is learning ___
Getting to know other parents _____
Other:____
____

Parent education is an important part of the Head Start program. In order to provide class discussion groups that will benefit you, please check the topics that are of interest to you:

Child growth and development _____
Child/spouse abuse _____
Nutrition-meal planning _____
Child behavior and discipline _____
First Aid, including CPR _____
Being a single parent _____
Cooking _____
Sewing _____
Basic repairs _____
Career development skills _____

Literacy _____
Self-improvement _____
Preventative health care _____
Infant development _____
Working with a disabled child _____
Poison control and home safety _____
GED _____
Family budgeting _____
Other: ______________________________
____

How can you help the program and other families? Things I am able to share with other families include:

Child care exchange _____
Transportation _____
Special skills (cooking, etc). _____

Music and singing _____
Stories and customs from my culture or family _____
Other: ______________________________

Other comments, questions, or suggestions:

Parent Signature ________________________________ Date ________________

Address ____________________________________ Phone Number ______________

[Note: Agencies should personalize this form by including names of services that are available locally.]

Appendix G

FAMILY ACTION PLAN

Family Name: ______________________________ Date: __________

Child Name/D.O.B.: ____________________ Home Visitor: __________

Family members involved in planning: ___________________________

Summary of Assessment Findings	Parent Interests and Concerns	Program Requirements/Staff Observations
1. Family Support Needs		
2. Child Development Issues		
3. Parent Child Interaction		
4. Parent Involvement		
5. Health and Nutrition		

	Activities	Review of Goals (please date)
Goals for the Child		
Goals for the Family		

Appendix H

HOME CONTACT FORM

DATE: ________

FAMILY MEMBERS PRESENT: ______________________________
HOME VISITOR: ______________________________
FAMILY CHECK IN AND EVENTS OF WEEK: ______________________________
____

Followup information for family:

Preparation and review of parent-child activity planned on previous visit:

Discussion and evaluation of parent-child activities:

Parent-child activity plans for next visit:
(Special family concerns:)

Activities and followup during week:

Parent Signature: ______________________ Home Visitor: ______________

Appendix I

HOME VISITOR SELF-EVALUATION
and/or
PERSONNEL EVALUATION

RESPONSIBILITIES FOR HOME VISITOR

STRUCTURE AND FOCUS OF VISIT

Yes No

_____ _____ 1. Home visitor greets parents and children. Home visitor has time at the beginning of the visit for adults. Home visitor's major attention is given to the adults.

_____ _____ 2. Home visitor asks parents how the week has gone and, according to the response, either adjusts content of the visit to meet a specific need or encourages and reinforces parents.

_____ _____ 3. Home visitor explains to parents the purpose of all activities in which children will be involved.

_____ _____ 4. During the visit home, visitor sits by parents rather than next to child. Home visitor talks to parents and coaches them on the activity. As much as possible the home visitor has the parent carry out the activity.

_____ _____ 5. Toward the end of the visit there is a time to plan for the next visit. The home visitor talks to parents about the visit and as necessary refers back to the goals and progress form for direction.

_____ _____ 6. The home visitor writes down the plans for the next visit and notes materials that the parent is responsible for collecting. Also, the home visitor relays Head Start news and confirms dates and times for consecutive home visits.

_____ _____ 7. Activities and materials are planned and prepared before home visits are made.

_____ _____ 8. Conversations with parents are relevant and address family/child goals.

_____ _____ 9. The home visitor clearly demonstrates using techniques that accommodate the learning style of individual parents.

_____ _____ 10. Presents activities in ways which encourage parents to be the primary teachers of their children; i.e., observes while parents work with child.

Comments:

FAMILY ORIENTATION

Yes No

_____ _____ 1. Home visitor greets all family members present and inquires about anyone not there.

_____ _____ 2. Home visit content is planned to involve all family members that are present. The home visitor includes adults or older siblings that only wish to observe by remarks addressed to them.

_____ _____ 3. Activities for children are planned so that younger siblings can be successfully included or planned for in other ways.

_____ _____ 4. Home visitor helps parents discuss and find resources for all family members.

_____ _____ 5. Followup activities are set up to include older siblings and others, as well as adults who do the activities during the week.

_____ _____ 6. Communicates with families in their preferred language.

_____ _____ 7. Activities include the individual culture and lifestyle of each family.

Comments:

ENHANCEMENT OF PARENT CONFIDENCE AND INDEPENDENCE

Yes No

_____ _____ 1. Home visitor provides positive feedback to parents on specific things they are doing, such as completing followup activities, willingness to discuss a child-rearing problems, etc.

_____ _____ 2. Home visitor assists parents as needed so the parents can learn how to use local resources like the bus system, libraries, and social service agencies.

_____ _____ 3. Home visitor is aware of parent strengths, such as ability to sew, do auto repairs, etc. Home visitor notices these and looks for ways that these skills can be used as a base for home visit activities, parent groups, or weekly followup.

_____ _____ 4. Home visitor frequently inquires about parents' concerns, interests, and needs, and adjusts home visit content as needed to address these issues.

Comments:

FAMILY DEVELOPMENT, ADVOCATE FACILITATION, AND PROBLEM SOLVING

Yes No

_____ _____ 1. The home visitor shows tolerance of other differing points of view, lifestyle, priorities, etc.
_____ _____ 2. The home visitor is able to use a variety of questions which extend thinking and encourage problem solving.
_____ _____ 3. Can demonstrate the technique of paraphrasing or repeating another's statement to confirm that it was heard accurately.
_____ _____ 4. Home visitor understands how to help adults identify and take ownership of problems and areas of concern.

Comments:

TECHNIQUES AND STRATEGIES USED

Yes No

_____ _____ 1. Home visitor uses open-ended questions frequently.
_____ _____ 2. When parents ask for advice, the home visitor asks questions to clarify the issue as well as to help the parents form their own conclusions. Home visitor re-states conclusions reached by the parents to be sure the parents have been properly understood.
_____ _____ 3. When it is appropriate to offer information or ideas, the home visitor offers choices rather than answers.
_____ _____ 4. The home visitor frequently connects activities and remarks back to the parents' stated motivation; e.g., "Last week you said you were eager to learn a new way to get the boys down to nap."
_____ _____ 5. The home visitor uses "I" statements rather than "You should" statements.
_____ _____ 6. The home visitor points out concerns she/he has about the child's/family's welfare in a clear and caring way.
_____ _____ 7. The home visitor uses a variety of techniques to involve parents in the visit.
_____ _____ 8. Child activities are interrupted if parent leaves the room for any reason.
_____ _____ 9. The home visitor discusses activities before and after they are done with the parent.
_____ _____10. The home visitor summarizes what has happened on visits and helps parents take credit for what they have done during the visit.

Comments:

ADULT/FAMILY DEVELOPMENT

Yes No

_____ _____ 1. The home visitor understands and is able to discuss specific ways that changes (such as birth and divorce) may affect all family members.

_____ _____ 2. The home visitor has an understanding of and is able to discuss family dynamics.

_____ _____ 3. The home visitor can explain stages of adult development.

_____ _____ 4. The home visitor understands the relationship between self esteem and learning in adults.

Comments:

CHILD DEVELOPMENT

Yes No

_____ _____ 1. The home visitor has a basic understanding of how children grow and develop and understands the importance of adult interaction in this development.

_____ _____ 2. The home visitor knows how to select activities and playthings for children of different ages.

_____ _____ 3. The home visitor can explain and demonstrate how to promote problem solving and thinking in young children of different ages.

_____ _____ 4. The home visitor can demonstrate and explain techniques of how to promote language development in young children, such as open-ended questions, expansion, etc.

_____ _____ 5. The home visitor can demonstrate and explain at least four positive methods of guiding and disciplining young children, such as redirecting, explaining consequences, modifying the environment, and providing routines.

_____ _____ 6. The home visitor understands and can explain how children's self esteem is related to learning.

_____ _____ 7. The home visitor understands and can explain progression of development in children for all goal areas.

_____ _____ 8. The home visitor understands and can explain children's needs for active play.

_____ _____ 9. The home visitor understands and can explain stages of social development in children.

Comments:

COVERAGE OF COMPONENT AREAS

Yes No

_____ _____ 1. The home visitor integrates Head Start component areas into home visit content; for example, may include health education through handwashing before a cooking activity.

_____ _____ 2. Component content is geared to parents' stated interests and needs. Home visit plans are developed from goals and progress plans and new needs and ideas the parents state as the year goes on.

_____ _____ 3. Some visits may concentrate on one component area, but over a month's period of time there is a balance of component areas.

Comments:

MENTAL AND PHYSICAL HEALTH PROMOTION

Yes No

_____ _____ 1. The home visitor knows basic safety hazards and incorporates appropriate safety education into home visit content.

_____ _____ 2. The home visitor has basic knowledge and back-up material about child health and is familiar with immunization schedules, signs of illness, and common childhood illnesses.

_____ _____ 3. Designs home nutrition and health education activities appropriate to individual needs of families and children.

_____ _____ 4. The home visitor is able to name at least four indicators that might show that a family needs additional support or counseling.

_____ _____ 5. The home visitor is able to observe family and child behaviors harmful to health and bring up these concerns with family.

Comments:

PLANS AND CONDUCTS MONTHLY SOCIALIZATIONS(Classroom/field trip)

Yes No

_____ _____ 1. Plans with parents and staff for socializations.

_____ _____ 2. Activities planned follow established guidelines and are appropriate for the ages and capabilities of the children.

_____ _____ 3. Activities reflect the purpose of socialization experiences and are documented on the "socialization plan."

(continued)

____ ____ 4. Gives parents/volunteers specific instructions for what their role will be during the socialization, and advanced preparation for the parent is evident.

____ ____ 5. Uses acceptable and effective techniques when dealing with inappropriate behaviors that might occur. Prompts parents to do so as well.

____ ____ 6. Gives individual attention to children to maximize learning experiences.

____ ____ 7. Major focuses of socialization are socialization and activities that cannot be done in the home, like networking around parents.

Comments:

OBSERVATION, ASSESSMENT, AND PLANNING

Yes No

____ ____ 1. The home visitor can observe parent/child(ren) interact and write down what is said and done without judging or interfering.

____ ____ 2. The home visitor can observe family climate and home environment and write down observations without judging or interfering.

____ ____ 3. The home visitor assists parents in learning how to observe their own children.

____ ____ 4. The home visitor is able to explain and use the program's assessment instruments to gather information about the family and children that will be used for co-planning and goal setting.

Comments:

PLANNING AND IMPLEMENTATION OF SERVICES

Yes No

____ ____ 1. The home visitor is able to explain to another adult the philosophy and goals of the home-based option.

____ ____ 2. The home visitor is able to take assessment data and observations and develop a Family Action Plan.

____ ____ 3. The home visitor is able to follow and complete the Home Contact form.

____ ____ 4. The home visitor plans home visit activities which use as many appropriate home materials as possible.

Comments:

HOME LEARNING ENVIRONMENT

Yes No

_____ _____ 1. The home visitor is able to help parents assess and strengthen the home learning environment for young children by doing such things as helping parents identify special storage space for toys and materials, and pointing out learning potential with everyday routines, such as cooking, household chores, and auto repair.

Comments:

ENCOURAGEMENT OF SOCIAL NETWORKING

Yes No

_____ _____ 1. Home visitor looks for ways to link parents to other parents in such ways as suggesting that parents call another parent to switch babysitting, set up a car pool, etc.

_____ _____ 2. Home visitor uses techniques such as icebreakers to help parents get acquainted informally at meetings.

_____ _____ 3. Home visitor pairs parents to work on program activities such as setting up potlucks, participating at socializations, etc.

_____ _____ 4. Group "cluster" visits are conducted cohesively with goal-related activities.

_____ _____ 5. Home visitor helps parents become familiar with local resources and to learn how to use them effectively; i.e., how to apply for jobs, food stamps, unemployment, insurance, etc. Done as appropriate to family's needs.

_____ _____ 6. Home visitor encourages networking in the larger community by encouraging families to become involved in activities such as the local school and community groups.

_____ _____ 7. Is aware of and shares with parents information about local self-help groups as it is appropriate to family's needs.

Comments:

RECORD KEEPING

Yes No

_____ _____ 1. Is able to maintain ongoing accurate records of home visits.
_____ _____ 2. Understands and is able to explain the policy of confidentiality.
_____ _____ 3 Can explain to another adult the purpose of the various forms and filing techniques used by the home visitor.
_____ _____ 4. Can explain to another adult the reasons records must be kept.
_____ _____ 5. Can identify specific aspects of record keeping that could be improved.

Comments:

SELF, TEAM, AND STAFF DEVELOPMENT

Yes No

_____ _____ 1. The home visitor is willing to honestly evaluate skills and knowledge.
_____ _____ 2. The home visitor understands some of the stresses in the human services and recognizes personal signs of stress.
_____ _____ 3. The home visitor knows sources for stress reduction that are effective, such as relaxation, exercise, diverse interests, etc.
_____ _____ 4. Understands and is able to explain the structure of the local Head Start program and home-based option.
_____ _____ 5. Knows how to present assessment and observation materials, as well as concerns about families to supervisors for additional input during monthly staffings.

Comments:

Adapted from materials developed by Jerry Jonnson, Steve Stripp, and Mary Claire Heffron.

Appendix J

COMMON PITFALLS OF THE HOME VISITOR - AN ASSESSMENT

Following is a list of common pitfalls to which home visitors can easily fall prey. The symptoms of these pitfalls are listed as a checklist for self-assessment purposes and/or for a monitoring supervisor. Checkmarks in the FREQUENTLY, ALMOST ALWAYS, and ALWAYS columns should be cause for concern.

PITFALLS	SYMPTOMS	Never	Sometimes	Frequently	Almost Always	Always
Is over-involved with the family.	Works overtime.					
	Provides specific services to family; i.e., transportation, child care, taking over family chores, etc.					
	Makes decisions that the family should be making.					
	Home visits are longer and more frequent than normally scheduled.					
Is child-focused versus family-focused.	Home visit content is child oriented.					
	Home visit interaction is with child versus parents.					
	Is called "teacher" by child and parents.					
	Parents are quiet or involved in other things during visit.					
Is problem-solver to family versus facilitator.	Gives advice and/or offers pre-packaged solutions.					
	Uses "You should," "Why don't you," etc., in conversations.					
	Has answers for everything.					

PITFALLS	SYMPTOMS	Never	Sometimes	Frequently	Almost Always	Always
	Tries to provide information immediately versus asking questions to acquire further information.					
Is judgmental.	Critical of family during staff conferences.					
	Fails to obtain adequate information from family or take time to develop understanding.					
	Becomes upset or frustrated when family does not do what is expected.					
Does not understand own role.	Appears overly protective of family.					
	Does not seek support, information, or assistance from support team of coordinators.					
	Rarely makes referrals to other agencies and views self as best source of support and assistance.					
	In many ways, becomes like a member of the family.					
Does not take care of own needs.	Appears to be under stress and shows fatigue.					
	Never appears to have enough time.					
	Appears to be totally preoccupied with work and has few other interests or activities.					
	Worries excessively about the families.					

Appendix K

DATA TRACKING SYSTEM FOR SUPERVISORS

Home visitor/family: ______________________________

(NOTE DATE OF COMPLETION)

Enrollment information

Assessment data

Action Plans and updates

Followup diagnostic (as needed)

Staffings

Observed visit

Appendix L

INVOLVING THE ABSENT ADULT

- The home visitor discusses with the mother/father the importance of involving the absent adult.

- When working on family goals, the home visitor leaves the goal sheet for them to work on together.

- The home visitor reminds the mother/father to share what happened on the home visit and at group activities.

- The home visitor encourages the mother/father to recruit the absent adult in helping with activities that are planned for follow through during the week. The home visitor asks later how it went.

- If the absent adult answers the phone, the home visitor takes the opportunity to talk to her/him. The home visitor is genuinely interested in what the absent adult does and how she/he feels about the family's involvement in the program.

- The home visitor tries to include any talents or abilities of the absent adult's during the home visits and also in parent groups, field trips, etc., if possible.

Appendix M

PERSONAL LEARNING PLAN

This Personal Learning Plan has been developed to help you recognize your strengths in working with families and to help pinpoint areas in which you need additional competence.

Place an X in the box that most represents how you perceive yourself regarding each topic:

1. I have **little** knowledge regarding this topic and do not feel comfortable with it.
2. I have **some** information in this area, but need additional training before I would feel comfortable about it.
3. I am somewhat **familiar** with this topic and could adequately apply what I know.
4. I have **extensive** knowledge in this area and can competently apply it with families.

	1	2	3	4
CHILD DEVELOPMENT IN THE HOME				
Child development	☐	☐	☐	☐
Helping parents use positive guidance	☐	☐	☐	☐
Serving children with disabling conditions	☐	☐	☐	☐
Child assessment developmental screening	☐	☐	☐	☐
Using the home as a learning environment	☐	☐	☐	☐
Appropriate activities for use in the home	☐	☐	☐	☐
Art, music, and creative movement in the home	☐	☐	☐	☐
Helping parents foster language development	☐	☐	☐	☐
Self-concept development	☐	☐	☐	☐
Helping parents foster problem solving	☐	☐	☐	☐
Transition from home program to school	☐	☐	☐	☐
Observing parent/child interaction	☐	☐	☐	☐
LEARNING TO WORK WITH PARENTS				
Adult learning theory	☐	☐	☐	☐
Motivating adults	☐	☐	☐	☐
Learning strategies for adults	☐	☐	☐	☐

	1	2	3	4
COMMUNICATION				
Communication skills	☐	☐	☐	☐
Problem solving techniques	☐	☐	☐	☐
Assertiveness training	☐	☐	☐	☐
Conflict management	☐	☐	☐	☐
WORKING WITH FAMILIES				
Crisis issues for families	☐	☐	☐	☐
Family dynamics and recognizing points of resiliency and strength	☐	☐	☐	☐
Working with multi-stressed families	☐	☐	☐	☐
Cultural diversity/cultural sensitivity	☐	☐	☐	☐
Helping families to meet their own needs	☐	☐	☐	☐
Child abuse and neglect/family violence	☐	☐	☐	☐
Home-based record keeping	☐	☐	☐	☐
Building a partnership with parents	☐	☐	☐	☐
PROFESSIONAL DEVELOPMENT				
Stress management	☐	☐	☐	☐
Time management	☐	☐	☐	☐
Organization/planning	☐	☐	☐	☐
Working with other professionals	☐	☐	☐	☐
Team building	☐	☐	☐	☐
HEAD START COMPONENT AREAS				
Knowledge of community resources	☐	☐	☐	☐
Nutrition education for parents and children	☐	☐	☐	☐
Common childhood diseases	☐	☐	☐	☐
First aid/safety	☐	☐	☐	☐
Health education for parents and children	☐	☐	☐	☐
Outreach, recruitment, and enrollment	☐	☐	☐	☐

Appendix N

HOME-BASED OPTION
SUPERVISOR COMPETENCY ASSESSMENT

Developed by: Mary Claire Heffron,
Jerry Jonnson, and Steve Stripp

Revised by Mary Claire Heffron

Date of Assessment ___________

Assessed by ____

Indicators:
1 = Very little or no understanding
2 = Is able to demonstrate only
3 = Can demonstrate and explain
4 = Excellent understanding and skill mastery
5 = Advanced understanding and skill mastery

Supervisory Competency Areas:

AREA 1: ADULT EDUCATION AND TRAINING: The supervisor knows a variety of adult education techniques and has an understanding of how adults develop and learn.

A. Can demonstrate open-ended questioning with adults to promote discussion and learning.

1 2 3 4 5

B. Knows how to help staff interview, discuss, and build home visit content from adult interests to promote motivation.

1 2 3 4 5

C. Is able to identify resources and materials appropriate to the developmental level, needs, and interests of the adult.

1 2 3 4 5

D. Can work alone or with others to plan and implement group learning sessions for adults.

1 2 3 4 5

E. Can describe differences between adult and child learning.

1 2 3 4 5

F. Can explain stages of adult development.

1 2 3 4 5

G. Understands the relationship between self-esteem and learning in adults.

1 2 3 4 5

H. Has knowledge of basic research related to adult change.

1 2 3 4 5

I. Understands and can discuss different styles of adult learning.

1 2 3 4 5

J. Is familiar with, and has access to, resource materials on adult education and development.

1 2 3 4 5

Additional Observations:

Overall Competency Rating for Area 1:

1 2 3 4 5

AREA 2: SUPERVISION, TEAM BUILDING, AND TRAINING: The supervisor understands, and is able to demonstrate, basic skills in supervision, team building, and training.

A. Has a predictable schedule of contacts with all staff she/he supervises.

1 2 3 4 5

B. Provides specific regular feedback to staff about home visit content, records, group sessions, etc.

1 2 3 4 5

C. Uses questioning techniques and problem solving skills to encourage discussion with individuals or groups about their performance.

1 2 3 4 5

D. Solicits ideas and suggestions from staff when planning programmatic changes, revising forms, or doing anything else that would affect the day-to-day work of the staff.

1 2 3 4 5

E. Provides clear direction about deadline requirements and policies.

1 2 3 4 5

F. Recognizes and acknowledges staff excellence and improvement.

1 2 3 4 5

G. Can give examples of useful and less useful ways of talking to staff about their performance.

1 2 3 4 5

TEAM BUILDING

H. Is able to work with a group to develop clear, achievable, and mutually acceptable goals.

1 2 3 4 5

I. Works with the home visitor group to clarify roles in achievement of goals.

1 2 3 4 5

J. Builds supportive relationships in the home visitor by recognizing ideas, unique attributes, and skills, and encouraging contribution by all members.

1 2 3 4 5

K. Monitors progress towards goals and provides information and recognition to the group.

1 2 3 4 5

L. Delegates tasks appropriately.

1 2 3 4 5

TRAINING

M. Encourages self-evaluation.

1 2 3 4 5

N. Is able to work with individuals and groups of staff in a supportive way to identify areas of needed growth.

1 2 3 4 5

O. Knows how to break down an area of need into training tasks or sequenced learning steps.

1 2 3 4 5

P. Is able to recognize and build on existing staff skills.

1 2 3 4 5

Q. Encourages resource and skill sharing among staff.

1 2 3 4 5

R. Is able to motivate staff by building content from their identified interests, concerns, and needs.

1 2 3 4 5

S. Has a collection of resource materials available for use with staff.

1 2 3 4 5

Additional Observations:

Overall Competency Rating for Area 2:

1 2 3 4 5

AREA 3: OBSERVATION AND ASSESSMENT: The supervisor is a skilled observer of adult and child behavior and knows how to use assessment systems.

A. Understands how to observe without judging or interfering and is able to teach this to staff.

1 2 3 4 5

B. Has a predictable system for observing home visits and socialization groups.

1 2 3 4 5

C. Works with staff to review assessments and observations they have made with families.

1 2 3 4 5

D. Is able to pick out and discuss areas of concern in observations and assessment data to help determine if further assessment or specific intervention is needed.

1 2 3 4 5

Additional Observations:

Overall Competency Rating for Area 3:

1 2 3 4 5

AREA 4: PLANNING AND IMPLEMENTATION: The supervisor understands how to, and is able to, help staff design individualized home visit content based on family needs.

A. Encourages staff to involve families in planning by asking how they are approaching this, offering suggestions, and giving feedback.

1 2 3 4 5

B. Knows how to assist staff to plan group sessions for children and adults.

1 2 3 4 5

Additional Observations:

Overall Competency Rating for Area 4:

1 2 3 4 5

AREA 5: RECORD KEEPING AND REPORTING: The supervisor has organized records of all home-based activities and is able to use this information to compile needed reports.

A. Works with staff to ensure that they maintain records of assessment, observation, family child action plans, home visits, and all family contacts.

1 2 3 4 5

B. Monitors individual family records to check for continuity between needs and home visit content, as well as followup on referrals.

1 2 3 4 5

C. Provides regular reports to component coordinator administration about families and services provided.

1 2 3 4 5

D. Analyzes reports to help identify problem areas (e.g., number of "not home" visits in a certain season).

1 2 3 4 5

E. Reviews record keeping procedures with staff she/he supervises and administrative staff at least once a year in order to streamline and improve procedures.

1 2 3 4 5

Additional Observations:

Overall Competency Rating for Area 5:

1 2 3 4 5

AREA 6: ADVOCACY AND PUBLIC RELATIONS: The supervisor knows how to advocate for the needs of the home-based families and option and how to promote the option to other staff and the community.

A. Is able to use data to support a need for policy, program, or community change.

1 2 3 4 5

B. Is able to represent the Head Start program and families to other agencies at meetings, community gatherings, and training sessions.

1 2 3 4 5

C. Maintains a file of contacts and information on community agencies, professional organizations, and training providers.

1 2 3 4 5

D. Periodically contacts agencies who work with families and young children to inform them about the home-based Head Start option.

1 2 3 4 5

E. Is aware of community boards and service organizations on which she/he might participate.

1 2 3 4 5

F. Knows how to develop and release information about the home-based Head Start option to local media.

1 2 3 4 5

Additional Observations:

Overall Competency Rating for Area 6:

1 2 3 4 5

AREA 7: THE SUPERVISOR HAS A THEORETICAL AND PRACTICAL UNDERSTANDING OF THE HOME-BASED OPTION, INCLUDING CHILD DEVELOPMENT AND FAMILY DYNAMICS:

A. The supervisor has access to, and is familiar with, basic information and resources in family development and family dynamics.

1 2 3 4 5

B. Has a basic understanding of child development and understands the importance of adult interaction in this development.

1 2 3 4 5

C. Is able to select appropriate activities and toys for children of various ages.

1 2 3 4 5

D. Is able to help home visitors see the learning value in various kinds of home activities and materials.

1 2 3 4 5

E. Can explain and demonstrate how to promote problem solving in children of different ages.

1 2 3 4 5

F. Understands how language development occurs in monolingual and bilingual children; can explain and demonstrate basic techniques and activities to encourage language development.

1 2 3 4 5

G. Can explain and demonstrate positive methods of disciplining young children.

1 2 3 4 5

H. Is able to explain and demonstrate ways to enhance children's self esteem and is able to explain to staff and parents how self esteem is related to learning.

1 2 3 4 5

I. Is able to explain the value of active play in children's learning.

1 2 3 4 5

J. Understands the sequence of physical development in young children.

1 2 3 4 5

K. Has an understanding of children's social development.

1 2 3 4 5

L. Understands the importance of creative activities for young children and can make suggestions about different kinds of activities and their importance.

1 2 3 4 5

M. Recognizes the roles that all family members play in a child's development and encourages their involvement in activities with young children in the family.

1 2 3 4 5

N. Recognizes family values and cultures and helps home visitors plan activities and approaches that are respectful and supportive of the family.

1 2 3 4 5

O. Has a basic understanding of the kinds of parent-child interactions which are supportive to positive child development and helps staff support these positive behaviors.

1 2 3 4 5

P. Understands and is able to help staff know more about how family dynamics impact young children.

1 2 3 4 5

Q. Is able to help staff understand how events such as birth, separation, and divorce can affect all family members and is able to help staff with resources and ways to help families cope in these areas.

1 2 3 4 5

R. Is able to help home visitors understand their impact on family dynamics and how their interventions can support and strengthen the family.

1 2 3 4 5

S. Is able to help staff understand how cultural expectations can impact on family dynamics and roles and is able to discuss this in a non-stereotypic manner as well as help staff distinguish between cultural norms and problematic family interactions.

1 2 3 4 5

T. Has an understanding of staff/family interactions and is able to help staff work effectively with family communication issues.

1 2 3 4 5

U. Understands how working relationships with families can be encouraged and helps staff develop these relationships.

1 2 3 4 5

V. Knows a variety of techniques for working with families, including how to bring up problem areas, encourage problem solving and independence, and provide support.

1 2 3 4 5

Additional Observations:

Overall Competency Rating for Area 7:

1 2 3 4 5

AREA 8: PHYSICAL AND MENTAL HEALTH PROMOTION: The supervisor carries out program requirements in these areas and seeks to incorporate discussions and activities that promote health and prevent problems.

A. Is aware of basic first aid procedures and encourages staff to work with parents to do the same.

1 2 3 4 5

B. Encourages staff to work with parents to maintain adequate first aid supplies in the home.

1 2 3 4 5

C. Knows basic safety hazards and incorporates appropriate safety education into home visit content.

1 2 3 4 5

D. Has basic knowledge of child and adult nutrition requirements and has reference materials available for use.

1 2 3 4 5

E. Has basic knowledge and backup material about child health and is familiar with immunization schedules, signs of illness, and common childhood illnesses.

1 2 3 4 5

F. Understands some of the cultural values and practices about health and nutrition for families she/he serves.

1 2 3 4 5

G. Designs home nutrition and health education activities appropriate to individual needs of families and children.

1 2 3 4 5

H. Knows basic signs of stress in adults and children.

1 2 3 4 5

I. Is able to name at least four indicators that might indicate a family needs additional support or counseling.

1 2 3 4 5

J. Is able to observe family and child behaviors that are harmful to health and bring up these concerns with families.

1 2 3 4 5

K. Is able to identify signs of stress in staff members she/he supervises and work with them towards remediation.

1 2 3 4 5

Additional Observations:

Overall Competency Rating for Area 8:

1 2 3 4 5

AREA 9: SELF DEVELOPMENT, AWARENESS, AND CARE: The supervisor is aware of the skills and knowledge necessary for her/his job and actively seeks to enhance these skills.

A. Is willing to honestly evaluate her/his skills and knowledge.

1 2 3 4 5

B. Understands some of the stresses in the human services and recognizes personal signs of stress.

1 2 3 4 5

C. Knows sources for stress reduction that are effective, such as relaxation, exercise, diverse interests, etc.

1 2 3 4 5

Additional Observations:

Overall Competency Rating for Area 9:

1 2 3 4 5

AREA 10: STAFF AND PROGRAM INTERRELATIONSHIPS: The supervisor has an understanding of the structure and staff relationships within the local Head Start agency.

A. Understands the functioning of the local Head Start program, including administrative structure, lines of authority, and funding sources.

1 2 3 4 5

B. Understands local procedures and policies for inter-component working, such as team meetings, referral processes, planning schedules, and evaluation requirements.

1 2 3 4 5

C. Is familiar with requirements and goals of the National Head Start Program.

1 2 3 4 5

D. Is aware of at least one technique for conflict resolution in working with groups.

1 2 3 4 5

Additional Observations:

Overall Competency Rating for Area 10:

1 2 3 4 5

Appendix O

ARE HOME VISITS PARENT FOCUSED?

CHECK (✔) if yes

________1. When the home visitor arrives for the weekly home visit, does she/he direct her/his attention and greeting toward the parent?
________2. Does the home visitor follow up last week's activities with the parent?
________3. Does the home visitor plan the home visit with the parent?
________4. Does the home visitor make sure to never sit between the parent and the child? (Does the parent sit by the child or close to the child?)
________5. Does the home visitor review the activity with the parent before she/he presents it?
________6. Does the home visitor hand all materials to the parent?
________7. Does the home visitor identify and reinforce the parent's strengths and teaching abilities?
________8. When the parent has difficulty, does the home visitor intervene with the parent rather than with the child?
________9. Does the home visitor let the parent be the reinforcer of the child?
________10. Does the home visitor help the parent problem solve when problems arise instead of solving the problem herself/himself?
________11. Does the home visitor work on areas the parent feels are important?
________12. Does the home visitor ask the parent to provide as many materials as possible?
________13. Does the home visitor give the parent the lead?
________14. Does the home visitor incorporate parent ideas?
________15. Does the home visitor provide parent education activities for each parent?
________16. Does the home visitor accept the parent's values?
________17. Does the home visitor evaluate the home visit with the parent?

Appendix P

FORMING A LEARNING PARTNERSHIP WITH PARENTS

Strategies for working with parents:

Plan family objectives with parents.

Refer to the family objectives often.

Use both written and visual media to support your discussion.

Become knowledgeable and comfortable discussing typical concerns of parents, such as discipline and sex education.

Teach parents "incidentally" during home visits while they are involved with their child.

Identify fun learning activities to do with parents and children.

Identify, with parents, activities that are for parents to do, such as making homemade toys, charts, etc.

Additional tips:

Plan what YOU can be learning from each topic.

Always ask parents for their ideas and choices.

Ask parents, "What do you want from this program?" and "How can I help you?"

Be aware of the parent's learning style as well as your own.

Ask parents what they already know about a topic.

Ask parents, "What can you teach me?" and "What can you add?"

Use adult oriented media.

Maintain eye contact with parents (unless prohibited by culture). Don't let your interest in the child(ren) distract you from your main objective of helping parents learn more about their child's development.

Provide lots of positive reinforcement for parents.

Work with parents in evaluating each home visit.

Appendix Q

WHAT DOES THE HOME HAVE TO OFFER AS A LEARNING ENVIRONMENT?

First, *the home environment starts earlier and lasts longer than any school system. By the time a child starts to school, the child has already learned more at home with their parent's help — to walk, to talk, to reason — than the child will probably be able to learn the rest of her or his life. A child also spends more time at home with parents than in school.*

Second, *a child feels most at ease at home. She or he can express curiosity, make mistakes, and try new things without too much fear of embarrassment or danger. The learning that takes place at home is often more natural and less threatening than learning in school.*

Third, *the home allows the child to get more individual attention than even the best classroom can offer.*

Fourth, *parents have a more personal concern for their child and a keener awareness of their child's needs and abilities than anyone else.*

Formal schooling does have advantages — more books, records, and other teaching tools, and more opportunities for children to learn how to get along with each other — but parents and the home are more important for the child's learning and development.

Appendix R

SUPERVISION FACTORS WHICH CAN IMPROVE LEADERSHIP PERFORMANCE

1. Work beyond requirements and do not call on subordinates for tasks that you are unwilling to undertake yourself.
2. Report to work on time, regularly, and without obvious effort or complaint.
3. Keep your mind focused on the work to be done instead of watching the clock. You should excuse a subordinate for a dental appointment sooner than you would take the privilege yourself.
4. Supervise by policy and remember that you are also subject to the policy.
5. Express concern through action, not verbalization, as a means of maintaining high morale.
6. Maintain faith in the staff. If you doubt them, they will doubt you.
7. Involve others in decisions. Wait out the slowness of group problem solving, for if you pressure too hard the slower members of the group will lose interest.
8. Improve programs by starting with worker dissatisfaction and help find an answer, as opposed to belittling their dissatisfactions or giving them ready-made solutions.
9. Keep all members of the staff fully informed and look on internal disagreement as a doorway to further growth.
10. Solve a problem rather than sell a solution.
11. Stress what is right rather than who is right.
12. Allow time for consensus rather than ramming through a majority vote.
13. Delegate authority, responsibility, and function. The leader is effective only as she/he works with people.
14. Don't show favoritism, but do recognize individual differences in the group and capitalize on them. Where is the fine line between recognizing ability and showing favoritism? The leader must find it and follow it.

Home visitors want supervision that is well planned, constructive, and democratically applied. The following applies to supervisory visits.

1. Supervisory visits should focus on family dynamics and needs, and the home environment, as well as on the home visitor's work.
2. The chief purpose of supervisory visits is to improve learning; the visits should be inspirational and instructive rather than inspectional and repressive.
3. Supervisory visits should offer each home visitor a definite and concrete basis for improvement.
4. The supervisor should help the home visitor use self evaluation.
5. Home visitors should feel free to discuss their problems and ask questions.
6. The supervisor must listen to the opinion and point of view of the home visitor.

Planning for supervisory visits:

1. The supervisor will ensure that the home visitor clearly understands the purpose of the supervisor's visit.
2. The supervisor will know as much as possible about the home environment prior to the visit.
3. The supervisor will review all available pertinent materials, including records of previous visits and followup conferences that might pertain to the visit.
4. Before the visit, the supervisor will plan for a followup conference with the home visitor.
5. The supervisor fills out the observation form **after** the visit.

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